

# Federal Grant Applications

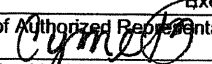
The following are Applications for Federal Assistance received by the State Clearinghouse **May 16-31, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	3. DATE RECEIVED BY STATE	4. Ant Identifier	<b>RECEIVED</b> MAY 31 2005  <b>STATE CLEARING HOUSE</b>
Application	Preapplication	05/31/2005	05/31/2005	State Application Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction				
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION					
* Legal Name: Los Coyotes Band of Indians		Department:			
* Organizational DUNS: 014737984		Division:			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
* Street1: P.O. Box 189		Prefix: Miss * First Name: Diane			
Street2:		Middle Name: C			
* City: Warner Springs County San Diego		* Last Name: McHenry			
* State: CA * Zip Code: 920086 * Country: USA		Suffix: * Email: diane@tribalconsultants.com			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6401710		* Phone Number (give area code) Fax Number (give area code) 760-432-6657			
7. TYPE OF APPLICATION:		7. * TYPE OF APPLICANT: Tribal Government (Federal)			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision					
If Revision, enter appropriate letter(s) in box(es)					
A. Increase Award B. Decrease Award C. Increase Duration		8. * NAME OF FEDERAL AGENCY:			
D. Decrease Duration Other (specify):		Community Oriented Policing Services			
19. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 16.710		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE: Public Safety Partnership and Community Policing Grants		Los Coyotes, Santa Ysabel, Paluma, San Pasqual and La Jolla Consortium			
12. * AREAS AFFECTED BY PROJECT (Address, City, County, State, etc.)					
San Diego County					
13. * PROPOSED PROJECT:		14. * CONGRESSIONAL DISTRICTS OF:			
* Start Date * Ending Date		* a. Applicant		* b. Project	
09/01/2005 08/31/2006		43		43	
15. * ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
* a. Federal \$ 683,334.50		a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
* b. Applicant \$ 472,675.50		✓ YES DATE 05/31/2005			
* c. State \$ 0.00		b. PROGRAM IS NOT COVERED BY E.O. 12372			
* d. Local \$ 0.00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
* e. Other \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
* f. Program Income \$ 0.00		Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative		Prefix: Dr * First Name: Catherine		Middle Name:	
* Last Name: Saubel		Suffix:			
* b. Title: Tribal Spokeswoman		* c. Telephone Number (give area code): 760-782-0711			
* Email: loscoyotes@earthlink.com		Fax Number (give area code): 760-782-2701			
d. Signature of Authorized Representative:		Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

# APPLICATION FOR FEDERAL ASSISTANCE

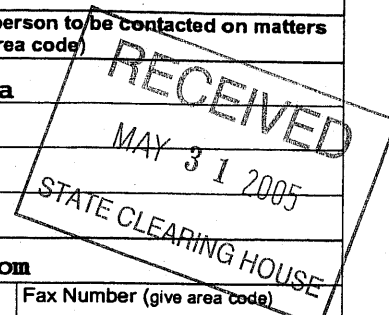
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 27, 2005		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Strategic Energy Innovations			<b>Organizational Unit:</b> Department:																							
Organizational DUNS: 122 369 973			Division:																							
Address: Street: 185 N. Redwood Dr., #188			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Cyane																							
City: San Rafael			Middle Name Bemmis																							
County: Marin; also an office in Humboldt County			Last Name Dandridge																							
State: CA		Zip Code 94901		Suffix:																						
Country:			Email: Cyane@seiinc.org																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0404081			Phone Number (give area code) (415) 507-2184		Fax Number (give area code) (415) 507-1975																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O. Not For Profit Corporation Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-773 TITLE (Name of Program): USDA Rural Business Opportunities Grants			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Integrating Energy Efficiency & Renewable Energy into Humboldt County, California's Economic Development Strategy																							
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Humboldt County, including incorporated & unincorporated cities & rural areas.			<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture																							
<b>13. PROPOSED PROJECT</b> Start Date: AUG 05 Ending Date: SEPT 06			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 6 b. Project 1																							
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>49,441.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>80,950.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>1,000.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>131,391.00</td> </tr> </table>			a. Federal	\$	49,441.00	b. Applicant	\$		c. State	\$	80,950.00	d. Local	\$	1,000.00	e. Other	\$		f. Program Income	\$		g. TOTAL	\$	131,391.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 27, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	49,441.00																								
b. Applicant	\$																									
c. State	\$	80,950.00																								
d. Local	\$	1,000.00																								
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	131,391.00																								
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b>																										
Prefix		First Name Cyane		Middle Name Bemmis																						
Last Name Dandridge		Suffix																								
b. Title Executive Director		c. Telephone Number (give area code) (415) 507-2184																								
d. Signature of Authorized Representative 		e. Date Signed May 25, 2004																								

**APPLICATION FOR  
FEDERAL ASSISTANCE**

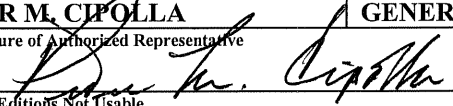
Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 	Applicant Identifier State Application Identifier Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <b>California Indian Manpower Consortium</b>		Organizational Unit: <b>Consortium; Indian Tribes</b> Department:	
Organizational DUNS: <b>098086424</b>		Division:	
Address: Street: <b>738 North Market Boulevard</b> City: <b>Sacramento</b> County: <b>Sacramento</b> State: <b>CA</b> Zip Code <b>95834</b> Country: <b>USA</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>Ms.</b> First Name: <b>Lorenda</b> Middle Name: <b>T.</b> Last Name: <b>Sanchez</b> Suffix: Email: <b>lorendas@cimcinc.com</b> Phone Number (give area code) <b>(916) 920-0285</b> Fax Number (give area code) <b>(916) 641-6338</b>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <b>94-2472564</b>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <b>Consortium of American Indian Tribes, Federally Recognized</b> Other (specify) <b>Also 501(c)(3) Organization</b>	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> <b>U.S. Department of Agriculture Rural Dev</b>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <b>Rural Bus Opportunity Grant</b> <b>10-773</b> TITLE (Name of Program): <b>RBOG</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>NATIVE BUSINESS INCUBATOR WITHOUT WALLS ASSISTING FOREST RESOURCE MANAGEMENT BUSINESSES</b>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>Rural Mendocino, Lake and Sonoma Counties, CA</b>		<b>13. PROPOSED PROJECT</b> Start Date: <b>9-1-2005</b> Ending Date: <b>8-31-2006</b>	
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <b>5</b> b. Project <b>1</b>		<b>15. ESTIMATED FUNDING:</b>	
a. Federal \$ <b>49,934</b> b. Applicant \$ c. State \$ d. Local \$ e. Other \$ <b>12,920</b> f. Program Income \$ g. TOTAL \$ <b>49,934</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>May 25, 2005</b> b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b> Prefix <b>Ms.</b> First Name <b>Lorenda</b> Middle Name <b>T.</b> Last Name <b>Sanchez</b> Suffix b. Title <b>Executive Director</b> c. Telephone Number (give area code) <b>(916) 920-0285</b> d. Signature of Authorized Representative <i>Lorenda Sanchez</i> e. Date Signed <b>May 27, 2005</b>			





# APPLICATION FOR FEDERAL ASSISTANCE

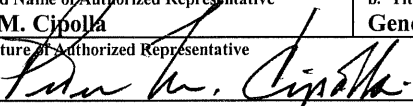
1. TYPE OF SUBMISSION Application Construction XX Non-construction		Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED <b>5/16/2005</b>	Applicant Identifier <b>CA-37-X061</b>
3. DATE RECEIVED			State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier <b>CA-37-X061</b>	
Legal Name: <b>Santa Clara Valley Transportation Authority (SCVTA)</b>			Organizational Unit:	
5. APPLICANT INFORMATION				
Address(give city, county, state, and zip code): <b>3331 North First Street, Bldg. B San Jose, CA 95134</b>			Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Maria Marinos, Senior Transportation Planner 408-321-5773</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-2186907</b>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>G</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: XX New <input type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration, Region IX, San Francisco, CA</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>20-516</b> TITLE: JOB ACCESS REVERSE COMMUTE			11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT <b>SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2003 FTA SECTION 3037 JOB ACCESS &amp; REVERSE COMMUTE PROGRAM (CA-37-X056))</b>	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) <b>Santa Clara County</b>				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date <b>7/1/06</b>	Ending Date <b>7/1/08</b>	a. Applicant <b>13, 14, 15, 16</b>	b. Project <b>13, 14, 15, 16</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	<b>\$458,022</b>	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/16/2005		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	<b>\$ 458,022</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation X No		
f. Program Income	\$			
g. TOTAL	<b>\$ 916,044</b>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
A. Typed Name of Authorized Representative <b>PETER M. CIPOLLA</b>		b. Title <b>GENERAL MANAGER</b>		c. Telephone Number <b>408-321-5773</b>
d. Signature of Authorized Representative 				e. Date Signed <b>5/17/05</b>

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Standard Form 424 (REV 4-88)  
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# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Construction XX Non-construction		2. DATE SUBMITTED <b>5/16/05</b>	Applicant Identifier <b>CA-03-0639-01</b>
Pre-Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED	State Application Identifier
Legal Name: <b>Santa Clara Valley Transportation Authority (SCVTA)</b>		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier <b>CA-03-0639-01</b>
5. APPLICANT INFORMATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 31 2005</b>  <b>STATE CLEARING HOUSE</b> </div>	
Address(give city, county, state, and zip code): <b>3331 North First Street, Bldg. B San Jose, CA 95134</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Maria Marinis, Senior Transportation Planner 408-321-5773</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  <b>94-2186907</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>G</b>  A. State                      H. Independent School Dist. B. County                  I. State Controlled Institution of Higher Learning  C. Municipal              J. Private University D. Township              K. Indian Tribe E. Interstate              L. Individual F. Intermunicipal        M. Profit Organization G. Special District       N. Other (Specify) _____	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation    X Revision If Revision, enter appropriate letter(s) in box(es):    A, C A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify)		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration, Region IX, San Francisco, CA</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <b>20-500</b> TITLE: Federal Transit: Capital Grant (Section 5309 New Starts Program)		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT  <b>SANTA CLARA VALLEY TRANSPORTATION AUTHORITY FY 2005 FTA SECTION 5309 NEW STARTS GRANT CA-03-0639-01 FOR SILICON VALLEY RAPID TRANSIT CORRIDOR PROJECT (ENV/PRELIMINARY ENGINEERING)</b>	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) <b>Santa Clara County</b>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <b>3/16/2004</b>	Ending Date <b>2/28/2007</b>	a. Applicant <b>10, 11, 12, 13, 15, 16, 17</b>	b. Project <b>10, 11, 12, 13, 15, 16, 17</b>
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	<b>\$4,448,358</b>	a. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW DATE 5/16/2005	
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.Q. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	<b>\$ 1,112,090</b>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes    If "Yes," attach an explanation    X No	
f. Program Income	\$		
g. TOTAL	<b>\$ 5,560,448</b>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
A. Typed Name of Authorized Representative <b>Peter M. Cipolla</b>		b. Title <b>General Manager</b>	
d. Signature of Authorized Representative 		c. Telephone Number <b>408-321-5759</b>	
		e. Date Signed <b>5/17/05</b>	

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/26/05	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Sierra College Small Business Development Center		<b>Organizational Unit:</b> Department: N/A	
Organizational DUNS: 029006947		Division: Economic Development	
<b>Address:</b> Street: 11930 Heritage Oak Place, Suite 1		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Indria	
City: Auburn		Middle Name: Gandhi	
County: Placer		Last Name: Gillespie	
State: California	Zip Code: 95603	Suffix: N/A	
Country: USA		Email: lgillespie@sbdcsierra.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6031260		Phone Number (give area code) 4 530-885-5488	Fax Number (give area code) 530-823-2831
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Not For Profit Organization Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): RBOG		<b>9. NAME OF FEDERAL AGENCY:</b> N/A	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Plumas, Modoc, Lassen, and Sierra Counties		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Business Management Training and Counseling	
<b>13. PROPOSED PROJECT</b> Start Date: October 1, 2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Congressional District 04	
Ending Date: September 30, 2005		b. Project Congressional District 04	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 50,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ .00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other In-Kind	\$ 65,640.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 115,640.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name Indria	Middle Name Gandhi	
Last Name Gillespie		Suffix N/A	
b. Title Program Manager		c. Telephone Number (give area code) 530-885-5488	
d. Signature of Authorized Representative <i>Indria Gillespie</i>		e. Date Signed	

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>5/19/05</i>	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY <i>5/24/05</i>	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Oceano Community Center, Inc.	Organizational Unit: Department:
Organizational DUNS:	Division:
Address: Street: 1936 Wilmar Ave.	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name:
City: Oceano	Middle Name
County: San Luis Obispo	Last Name
State: CA	Suffix:
Zip Code 93445	Email:
Country: USA	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>77-0465125</i>	Phone Number (give area code)	Fax Number (give area code)
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) <i>NON-PROFIT.</i> Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>00-0000</i>	9. NAME OF FEDERAL AGENCY: <i>USDA RURAL DEVELOPMENT</i>
TITLE (Name of Program): <i>CF GUARANTEE</i>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oceano within San Luis Obispo County
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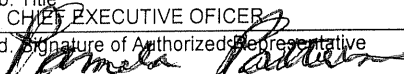
13. PROPOSED PROJECT Start Date: asap Ending Date: <i>MAY 31 2005</i>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
15. ESTIMATED FUNDING: a. Federal \$ <i>00</i> b. Applicant \$ <i>00</i> c. State \$ <i>00</i> d. Local \$ <i>00</i> e. Other \$ <i>00</i> f. Program Income \$ <i>00</i> g. TOTAL \$ <i>00</i>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix <i>MRS.</i>	First Name <i>RUTH</i>	Middle Name <i>ELLEN</i>
Last Name <i>BRACKETT</i>		Suffix
b. Title <i>PRESIDENT, OCEANO COMMUNITY CENTER, INC.</i>		c. Telephone Number (give area code) <i>(805) 489-8454</i>
d. Signature of Authorized Representative <i>Ruth E. Brackett</i>		e. Date Signed <i>5/19/05</i>

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 26, 2005		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name:			Organizational Unit:		
WEST ENTERPRISE CENTER, INC			Department:		
Organizational DUNS: 794310870			Division:		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 367 N. STATE ST. SUITE 201			Prefix:	First Name: PAMELA	
City: UKIAH,			Middle Name		
County: MENDOCINO			Last Name PATTERSON		
State: CA		Zip Code 95482	Suffix:		
Country:			Email: PAMELA@WESTCOMPANY.ORG		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0264466			Phone Number (give area code) 707-468-3553		Fax Number (give area code) 707-468-3555
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="radio"/> Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): USDA RURAL BUSINESS OPPORTUNITY GRANTS			<b>9. NAME OF FEDERAL AGENCY:</b> UNITED STATES DEPARTMENT OF AGRICULTURE		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> MENDOCINO COUNTY, CALIFORNIA			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> DEVELOPMENT OF ENTREPRENURIAL SYSTEM IN MENDOCINO COUNTY		
<b>13. PROPOSED PROJECT</b> Start Date: JULY 1, 2005    Ending Date: JUNE 30, 2006			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1ST    b. Project		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	40,000.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	40,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name PAMELA		Middle Name	
Last Name PATTERSON				Suffix	
<b>b. Title</b> CHIEF EXECUTIVE OFFICER				<b>c. Telephone Number (give area code)</b> 707-468-3553	
<b>d. Signature of Authorized Representative</b> 				<b>e. Date Signed</b> May 25, 2005	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-27-05	<b>Applicant Identifier</b> N/A
		<b>3. DATE RECEIVED BY STATE</b>	<b>State Applicant Identifier</b> N/A
<b>Preapplication</b> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> N/A

<b>5. APPLICANT INFORMATION</b>	
<b>Legal Name:</b> Garden Grove, City of <b>Organizational DUNS:</b> 838134872 <b>Address (give city, county, state, and zip code):</b> 11301 Acacia Parkway P.O. Box 3070 Garden Grove, CA 92640	<b>Organizational Unit:</b> Police Department <b>Division:</b> <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Name: Chuck Boyd Phone: (714) 741-5819

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 956005848	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 2px;">C</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> Department of Justice Office of Community Oriented Policing Services
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> <b>TITLE:</b> 2005 Technology Initiative	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Wireless MCT Project
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<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Garden Grove, Orange County, California	
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<b>13. PROPOSED PROJECT:</b> Start Date: 12/08/2004    Ending Date: 12/07/2005	<b>14. CONGRESSIONAL DISTRICTS OF:</b> Sanchez 47th, Royce 40th a. Applicant: Garden Grove Police Department b. Project: Wireless MCT Project
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<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%;">185489.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>\$185,489.00</td> </tr> </table>	a. Federal	\$	185489.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	\$185,489.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 31, 2005 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	185489.00																				
b. Applicant	\$	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	\$185,489.00																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Typed Name of Authorized Representative</b> Chuck Boyd	<b>b. Title</b> Senior Administrative Analyst	<b>c. Telephone number</b> (714) 741-5819
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5-26-05

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/27/05	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier 02-05CH/1261	

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Catholic Healthcare West <b>Organizational DUNS:</b> 145243171 <b>Address:</b> <b>Street:</b> 1401 S. Grand Ave. <b>City:</b> Los Angeles <b>County:</b> Los Angeles <b>State:</b> CA <b>Zip Code:</b> 90015 <b>Country:</b> USA	<b>Organizational Unit:</b> Department: Division: California Hospital Medical Center Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Prefix:</b> Mr. <b>First Name:</b> Richard <b>Middle Name:</b> Nelson <b>Last Name:</b> Hume <b>Suffix:</b> Jr. <b>Email:</b> rhume@chw.edu <b>Phone Number (give area code):</b> (213) 742-5893 <b>Fax Number (give area code):</b> (213) 742-5875
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**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
 94-1196203

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify) \_\_\_\_\_

**8. TYPE OF APPLICATION:**  
☒ New    ☐ Continuation    ☐ Revision  
 If Revision, enter appropriate letter(s) in box(es)  
 (See back of form for description of letters.)  
 Other (specify) \_\_\_\_\_

**9. NAME OF FEDERAL AGENCY:**  
 Department of Energy

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
 81-049

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 PET/CT Fusion Imaging System Acquisition

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
 City and county of Los Angeles, CA

**13. PROPOSED PROJECT**  
**Title (Name of Program):** Office of Science Financial Assistance Program (B)

**14. CONGRESSIONAL DISTRICTS OF:**  
 a. Applicant: 34    b. Project: 30, 31, 33, 34

**15. ESTIMATED FUNDING:**

a. Federal	\$								
b. Applicant	\$								
c. State	\$								
d. Local	\$								
e. Other	\$								
f. Program Income	\$								
g. TOTAL	\$								

482,000

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. Yes, ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
 DATE: 5/27/05  
 b. No, ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes If "Yes" attach an explanation.    ☒ No

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

**a. Authorized Representative**  
**Prefix:** Mr.    **First Name:** Mark    **Middle Name:** A.  
**Last Name:** Meyers    **Suffix:**  
**b. Title:** President  
**c. Telephone Number (give area code):** (213) 742-5778  
**d. Signature of Authorized Representative:** [Signature]    **e. Date Signed:** 5/26/05

Previous Edition Usable  
 Authorized for Local Reproduction

**RECEIVED**

MAY 27 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)  
 Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 25, 2005		Applicant Identifier FTA 9016	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Golden Gate Bridge, Highway and Transportation District			<b>Organizational Unit:</b>		
<b>Address (give city, county, state, and zip code):</b> P.O. Box 9000, Presidio Station San Francisco, CA 94129			<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> Nina Rannells, Capital and Grant Programs Manager (415) 923-2327		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">4</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">6</div> </div>					
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration</div> <div>Other (specify):</div> </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 2px; margin-left: 10px;">G</span> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">5</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">0</div> </div> <b>TITLE:</b> Federal Transit – Capital Investment Grants			<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Counties of Marin, San Francisco			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FY 2005 Capital Assistance for various projects including Larkspur Dredging, Ferry Major Components Rehabilitation, Fixed Guideway Connectors, and Ferry Vessel Replacement		
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 07/01/2004	Ending Date 12/31/2008	a. Applicant 6 and 8		b. Project 1, 6, 8, 12	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$ 9,042,517.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>May 25, 2005</u>  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 2,260,629.00				
c. State	\$ 0.00				
d. Local	\$ 0.00				
e. Other	\$ 0.00				
f. Program Income	\$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 11,303,146.00				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Typed Name of Authorized Representative Celia G. Kupersmith		b. Title General Manager		c. Telephone number (415) 923-2203	
d. Signature of Authorized Representative For CGK				e. Date Signed 5/25/05	



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/24/05		Applicant Identifier City of Solana Beach	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Solana Beach- Attn: Barry Johnson			Organizational Unit: Department: City Manager's Department		
Organizational DUNS: 193774809			Division:		
Address: Street: 635 South Highway 101			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Solana Beach			Prefix: Mr.		First Name: Chandra
County: San Diego			Middle Name		
State: CA			Last Name Collura		
Zip Code 92075			Suffix:		
Country: USA			Email: ccollura@cosb.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0203789			Phone Number (give area code) 858-720-2470		Fax Number (give area code) 858-755-1782
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
Other (specify)			9. NAME OF FEDERAL AGENCY: US EPA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Solana Beach Pump Station Force Main Replacement		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Solana Beach, City of Encinitas			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 50		
13. PROPOSED PROJECT Start Date: 09/15/06			b. Project 50		
Ending Date: 03/15/07			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
a. Federal	\$	962,200			
b. Applicant	\$	2,237,800			
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	3,200,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Barry		Middle Name	
Last Name Johnson		Suffix			
b. Title City Manager		c. Telephone Number (give area code) (858) 720-2400			
d. Signature of Authorized Representative		e. Date Signed May 25, 2005			

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Address (give city, county, state, and zip code): Yosemite/Sequoia Resource Conservation & Development Council P.O. Box 415 North Fork, CA 93643		Name and telephone number of person to be contacted on matters involving this application (give area code): Robyn Smith (559) 877-8660	
6. EMPLOYER IDENTIFICATION (EIN): 9 1 - 2 1 5 5 8 6 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input checked="" type="checkbox"/> A <input type="checkbox"/> C A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-profit 501(c)3	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
TITLE:		Natural Resources Conservation Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mariposa, Madera, Fresno & Tulare Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resource Conservation & Development Program implementation.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
10/1/04	10/31/06	19 & 21	19 & 21
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE _____	
c. State	\$	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	a. YES (Attach explanation) <input checked="" type="checkbox"/> NO	
g. Total	\$ 30,000.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Bob Pickas		PRESIDENT	555-877-8660
d. Signature of Authorized Representative		e. Date Signed	
Bob Pickas		05-20-05	

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STANDARD FORM 424 (REV. 4-82)  
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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier R9#05-220 State Application Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		
5. APPLICANT INFORMATION		Federal Identifier		
Legal Name: City of San Jose California		Organizational Unit: Department/ Redevelopment Agency		
Organizational DUNS: 115416401		Division: Project Management		
Address: Street: 801 North First Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Jose		Prefix: Mr.		
County: Santa Clara		First Name Bill		
State: CA		Middle Name		
Zip Code 95110		Last Name Ekern		
Country:		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000419		Email bill.ekern@sanjoseca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) "C" Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose, Santa Clara County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Construction of Water and Sewer Infrastructure in support of the North San Pedro Housing Project		
13. PROPOSED PROJECT Start Date: January 2006 Ending Date: December 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-16 b. Project CA-16		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 673,500	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE.		
b. Applicant	\$ 303,075	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
e. Other	\$ 1,446,925			
f. Program Income	\$			
g. TOTAL	\$ 2,423,500			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Del	Middle Name D		
Last Name Borgsdorf		Suffix		
b. Title City Manager		c. Telephone Number (give area code) 408-277-5849		
d. Signature of Authorized Representative		e. Date Signed 5/27/05		

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# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> <b>05/26/2005</b>		Applicant Identifier N/A	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier N/A	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier N/A	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: <b>Colton, City of</b>			Organizational Unit: <b>Colton Police Dept.</b>		
Organizational DUNS: <b>063826346</b>			Division:		
Address (give city, county, state, and zip code): <b>650 North La Cadena Drive</b> <b>Colton, CA 92324</b>			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: <b>Bill Burrows, Lt.</b> Phone: <b>(909) 370-5000</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <b>956000694</b>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> <b>C</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):			<b>9. NAME OF FEDERAL AGENCY:</b> <b>Department of Justice</b> <b>Office of Community Oriented Policing Services</b>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 6 . 7 1 0           </div> TITLE: <b>2005 Technology Initiative</b>			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Communication/Operation Center</b>		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <b>Local, regional and State public safety</b>					
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <b>43 District</b>			
Start Date <b>12/08/2004</b>	Ending Date <b>12/07/2005</b>	a. Applicant <b>Colton Police Dept.</b>		b. Project <b>Communication/Operation Center</b>	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$	98,664.00			
b. Applicant	\$	.00			
c. State	\$	.00			
d. Local	\$	.00			
e. Other	\$	.00			
f. Program Income	\$	.00			
g. TOTAL	\$	.00			
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>05/27/2005</b> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Typed Name of Authorized Representative <b>Bill Burrows</b>		b. Title <b>Lieutenant</b>		c. Telephone number <b>(909) 370-5000</b>	
d. Signature of Authorized Representative		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 27 2005</b>          STATE CLEARING HOUSE       </div>		e. Date Signed <b>5/26/2005</b>	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			N/A

5. APPLICANT INFORMATION	
Legal Name: West Covina Fire Department	Organizational Unit:
Organizational DUNS: 071914824	Division:
Address (give city, county, state, and zip code) 1435 West Puente Ave. West Covina, CA 91793	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: RICHARD ELLIOTT, FIRE CHIEF Phone: (626) 338-8800

6. EMPLOYER IDENTIFICATION NUMBER (EIN) 956000810	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):	A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify)

9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY-WIDE DISASTER PREPAREDNESS AWARENESS PROJECT
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  <div style="border: 1px solid black; padding: 5px; display: inline-block;">         1 6 . 7 1 0       </div> TITLE: 2005 Technology Initiative	12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): CITY OF WEST COVINA
--	--

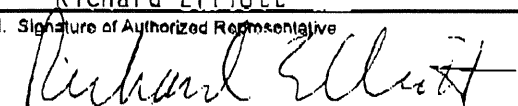
  

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/08/2004	Ending Date 12/07/2005	a. Applicant 32nd DISTRICT	b. Project 32nd DISTRICT

16. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE May 26, 2005  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 98664.00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program Income	\$ .00	
g. TOTAL	\$ 98664 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Richard Elliott	b. Title Fire Chief	c. Telephone number (626) 338-8800
d. Signature of Authorized Representative 		e. Date Signed 5/26/05

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/15/05	App Identifier N/A
3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION			
Legal Name: Solano County Sheriff's Department		Organizational Unit: Office of Emergency Services	
Organizational DUNS: 868473448		Division:	
Address (give city, county, state, and zip code): 530 Union Avenue, Suite 100 Fairfield, CA 94533		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Robert A. Powell Phone: (707) 421-7073	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000538		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2005 Technology Initiative		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Solano		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County-wide Radio Interoperability Project	
13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3rd, 7th, 10th b. Project: 3rd, 7th, 10th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 493322.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 05/15/05	
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 493322.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Barbara R. Kondylis		b. Title Chairwoman, Board of Supervisors	
c. Telephone number (707) 553-5363		d. Date Signed 5-10-05	

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 05/25/2005	Applicant Identifier _____
		<b>3. DATE RECEIVED BY STATE</b> _____	State Application Identifier _____
<input type="checkbox"/> <b>Preapplication</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> _____	Federal Identifier _____

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>	
* Legal Name: Mercy Housing California		Department: Housing Development	
* Organizational DUNS: 883523748		Division: San Francisco	
<b>Address:</b> * Street1: 1360 Mission Street Street2: Suite 300 * City: San Francisco County San Francisco * State: CA * Zip Code: 94103 * Country USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. * First Name: Merle Middle Name: _____ * Last Name: Malakoff Suffix: _____ * Email: mmalakoff@mercyhousing.org * Phone Number (give area code) 415-355-7156 Fax Number (give area code) 415-355-7101	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-3081666		<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of Higher Education) (Other (specify) _____)	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		<b>9. * NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 14.157 TITLE: Supportive Housing for the Elderly		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 9th & Jessie Senior Community Southwest corner, 9th & Jessie Streets San Francisco, CA 94103 95 HUD-assisted plus 11 non-HUD-assisted housing units for very low income seniors	
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): San Francisco, San Francisco, CA		<b>13. * PROPOSED PROJECT:</b> * Start Date 12/01/2005 * Ending Date 06/01/2009	
<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant 8 * b. Project 8		<b>15. * ESTIMATED FUNDING:</b> * a. Federal \$ 11,530,900.00 * b. Applicant \$ 10,000.00 * c. State \$ 0.00 * d. Local \$ 6,900,000.00 * e. Other \$ 9,072,000.00 * f. Program Income \$ 0.00 g. TOTAL \$ 27,512,900.00	
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/24/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b> Prefix: Ms. * First Name: Valerie Middle Name _____ * Last Name: Agostino Suffix: _____ * b. Title: Vice President * c. Telephone Number (give area code): 415-355-7100 * Email: vagostino@mercyhousing.org Fax Number (give area code): 415-355-7101 d. Signature of Authorized Representative: Completed on submission to Grants.gov e. Date Signed: Completed on submission to Grants.gov			

**RECEIVED**

MAY 26 2005

STATE CLEARING HOUSE

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
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<b>5. APPLICANT INFORMATION</b> Legal Name: REDWOOD CHILDREN'S SERVICES, INC. Organizational DUNS: 806636494 Address: Street: 1201 TALMAGE ROAD City: UKIAH County: MENDOCINO State: CALIFORNIA Zip Code: 95482 Country: USA		<b>Organizational Unit:</b> Department: ADMINISTRATION Division:  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: MS. First Name: SHARON Middle Name: HEATHER Last Name: GOVERN Suffix: Email: sharonrcs@pacific.net Phone Number (give area code): (707) 467-2000 Fax Number (give area code): (707) 467-2006
---	--	---

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0367894	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) NOT FOR PROFIT Other (specify)
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): COMMUNITY FACILITY LOANS <b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> PURCHASE A BUILDING FOR ADMINISTRATIVE STAFF AND FOSTER FAMILY AGENCY STAFF
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<b>13. PROPOSED PROJECT</b> Start Date: JUNE 1, 2005 Ending Date: SEPT. 1 2005	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 1ST b. Project 1ST
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<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">600,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>600,000</td> <td>.00</td> </tr> </table>	a. Federal	\$	600,000	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	600,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	600,000	.00																										
b. Applicant	\$		.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	600,000	.00																										

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix	MS.	First Name	CAMILLE
		Middle Name	EUGENIA
Last Name			Suffix
		SCHRAEDER	
b. Title	EXECUTIVE DIRECTOR		
d. Signature of Authorized Representative		c. Telephone Number (give area code) (707) 467-2000	
		e. Date Signed	

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 Standard Form 424 (Rev.9-2003)  
 Prescribed by OMB Circular A-102

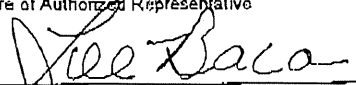
**RECEIVED**

MAY 26 2005

STATE CLEARING HOUSE




APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  		<b>Applicant Identifier</b> N/A	
		<b>3. DATE RECEIVED BY STATE</b>  		<b>State Applicant Identifier</b> N/A	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		<b>Federal Identifier</b> N/A	
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> Los Angeles County Sheriff's Department			<b>Organizational Unit:</b> Los Angeles County Sheriff's Dept.		
<b>Organizational DUNS:</b> 028950678			<b>Division:</b> Scientific Services Bureau		
<b>Address (give city, county, state, and zip code):</b> 4700 Ramona Boulevard Monterey Park, CA 91754			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> <b>Name:</b> Michelle Day <b>Phone:</b> 323-526-5212		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 956000927			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">B</span>		
<b>8. TYPE OF APPLICATION:</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> New      <input type="checkbox"/> Continuation      <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify): _____			A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify) _____		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> </div> <b>TITLE:</b> 2005 Technology Initiative			<b>9. NAME OF FEDERAL AGENCY:</b> Department of Justice Office of Community Oriented Policing Services		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Los Angeles County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Crime Lab Management Information System		
<b>13. PROPOSED PROJECT:</b> Start Date: 12/08/2004      Ending Date: 12/07/2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant      b. Project 24 - 37; 41			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal      \$ 739982.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 26, 2005			
b. Applicant      \$ .00		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State      \$ .00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local      \$ .00					
e. Other      \$ .00					
f. Program Income      \$ .00					
g. TOTAL      \$ 739,982 .00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Typed Name of Authorized Representative</b> Leroy D. Baca		<b>b. Title</b> Sheriff		<b>c. Telephone number</b> 323-526-5000	
<b>d. Signature of Authorized Representative</b> 		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          MAY 26 2005          STATE CLEARING HOUSE       </div>		<b>e. Date Signed</b> 5/24/05	

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/26/05		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 5/26/05		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY 5/24/05		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: Rosemead Department of Public Safety			Organizational Unit: Public Safety		
Organizational DUNS: 10-248-1764			Division:		
Address (give city, county, state, and zip code): 8838 E. Valley Boulevard City of Rosemead, CA 91770			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Lisa A. Baker Phone: 626-569-2117		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952079994			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2005 Technology Initiative			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COPS Technology Grant - Rosemead Public Safety Center		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Rosemead					
13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 31st b. Project: 31st			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	295993.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 5/26/05		
b. Applicant	\$	.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	.00			
d. Local	\$	.00			
e. Other	\$	.00			
f. Program Income	\$	.00			
g. TOTAL	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Bill Crowe		b. Title City Manager		c. Telephone number 626-569-2100	
d. Signature of Authorized Representative 		e. Date Signed 5/26/05			

STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		<b>2. DATE SUBMITTED</b> 5/26/05		<b>Applicant Identifier</b> 65-9104-4-438	
		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	

**RECEIVED**  
 MAY 26 2005

<b>5. APPLICANT INFORMATION</b> <b>Legal Name:</b> Southern Low Desert RC&D <b>Address (give city, county, state, and zip code):</b> 53990 Enterprise Way, Suite 6-B Coachella, CA 92236		<b>Organizational Unit:</b> Name and telephone number of person to be contacted in reviewing this application (give area code) Samuel Cobb, 760-391-9002	
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<b>6. EMPLOYER IDENTIFICATION (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           0 1 - 0 5 4 8 5 5 0         </div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; width: 30px; height: 20px; text-align: center; line-height: 20px;">C</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-Profit</u> </div> </div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New           <input type="checkbox"/> Continuation           <input checked="" type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in <div style="display: inline-block; border: 1px solid black; padding: 2px;">A</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">C</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other (specify):</div> <div>C. Increase Duration</div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> Natural Resources Conservation Serv.	

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1 0 - 9 0 1         </div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Implementation of the Southern Low Desert RC&D Council's Area Plan.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b> Imperial, Riverside and San Diego Counties			

<b>13. PROPOSED PROJECT</b> Start Date: 5/26/05    Ending Date: 12/31/06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Bono (45) Filner (51) b. Project: Bono (45), Filner (51)	
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<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$	15,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM WAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. Total	\$	15,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

<b>a. Type Name of Authorized Representative</b> Thomas R. Burgin	<b>b. Title</b> President	<b>c. Telephone Number</b> (760) 391-9002
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5-27-05

Version 7/03

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED May 25, 2005	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: U.S. Section International Boundary & Water Commission		Organizational Unit: Department: Engineering Department		
Organizational DUNS: 07-933-1989		Division: Environmental Compliance Section		
Address: 4171, Suite C-100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: N. Mesa		Prefix: Mr.	First Name: Jose	
City: El Paso		Middle Name: A.		
County: El Paso County		Last Name: Nuñez		
State: Texas		Suffix:		
Zip Code: 79902-1441		Email: <a href="mailto:josenunez@ibwc.state.gov">josenunez@ibwc.state.gov</a>		
Country: United States		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  74-1109987		(915) 832-4710		Fax Number (give area code) (915) 832-4167
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  Other (specify) Federal		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66.606 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): San Diego, San Diego County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Phase II - Plant Optimization South Bay International Wastewater Treatment Plant		
13. PROPOSED PROJECT Start Date: 06/01/05 Ending Date: 12/31/10		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Texas, No. 16 b. Project California, Nos. 49 and 50		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$5,229,564	a. Yes X THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 25, 2005		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. X No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$5,229,564	a. Authorized Representative		
Prefix Mr.		First Name Arturo	Middle Name Q.	
Last Name Duran		Suffix		
b. Title Commissioner		c. Telephone Number (give area code) (915) 832-4101		
d. Signature of Authorized Representative		e. Date Signed May 25, 2005		

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>				
Legal Name: KERN COUNTY SHERIFF'S DEPARTMENT		Organizational Unit: Department: SPECIAL ENFORCEMENT DIVISION		
Organizational DUNS: 063811350		Division: GANG SUPPRESSION UNIT		
Address: Street: 1350 NORRIS ROAD		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   MAY 25 2005 </div>		
City: BAKERSFIELD				
County: KERN COUNTY, CA		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CALIFORNIA		Prefix: First Name: LIZ		
Zip Code: 93308		Middle Name		
Country: USA		Last Name MONEY		
		Suffix:		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000925		Email: MONEY@CO.KERN.CA.US		
		Phone Number (give area code) 661-391-7771		Fax Number (give area code) 661-392-4379
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 16-710		<b>9. NAME OF FEDERAL AGENCY:</b> DEPT OF JUSTICE, OFFICE OF COMMUNITY ORIENTED POLICING		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> KERN COUNTY, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> MOBILE GANG INTELLIGENCE NETWORK AND GRAFFITI ABATEMENT PROJECT		
<b>13. PROPOSED PROJECT</b> Start Date: 12/08/04 Ending Date: 12/07/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant BILL THOMAS, DISTRICT 22 b. Project BILL THOMAS, DISTRICT 22		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 295,993.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ .00	DATE:		
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 295,993.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix	First Name WILLY	Middle Name		
Last Name WAHL			Suffix	
b. Title CHIEF DEPUTY			c. Telephone Number (give area code) 661-391-7539	
d. Signature of Authorized Representative			e. Date Signed	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

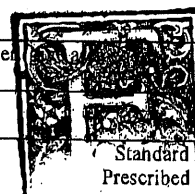
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/31/2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Southern California Housing Development Corporation		Organizational Unit: Department:		
Organizational DUNS: 796516748		Division:		
Address: Street: 9065 Haven Avenue, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Rancho Cucamonga		Prefix: Mr	First Name: Alfredo	
County: San Bernardino		Middle Name		
State: California		Last Name Izmatovich		
Zip Code 91730		Suffix:		
Country: USA		Email: aizmatovich@schdc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0521215		Phone Number (give area code) 909-483-2444		Fax Number (give area code) 909-483-2448
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Non-profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Palmdale, Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Palmdale Senior Apartments: New construction of a 75-unit permanent housing independent living apartment building in Palmdale, California for 74 very low-income and low-income persons 62-years of age or older (and one resident manager).		
13. PROPOSED PROJECT Start Date: 05/01/2007 Ending Date: 05/01/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26th b. Project 25th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal HUD	\$ 9,359,730	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/05		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local Redevelopment Agency	\$ 1,797,054	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 11,156,784			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Richard		Middle Name J.	
Last Name Whittingham		Suffix		
b. Title Chief Financial Officer		c. Telephone Number (give area code) 909-483-2444		
d. Signature of Authorized Representative		e. Date Signed		

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Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		<b>Applicant Identifier</b>	
<b>Pre-application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>		<b>State Application Identifier</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Department of Pesticide Regulation			Organizational Unit: Management Analysis Department: Department of Pesticide Regulation		
Organizational DUNS: <del>80321897</del> 808 321 897			Division: Division of Administrative Services		
Mailing Address: P.O. Box 4015 Sacramento, CA 95812-4015			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1001 I Street			Prefix:		First Name: David
City: Sacramento,			Middle Name: Charles		
County: Sacramento			Last Name: McCarty		
State: California		Zip Code: 95814	Suffix:		
Country: U.S.A.			Email: dmccarty@cdpr.ca.gov		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 2 5 1 0 2			Phone Number (give area code) (916) 323-4995		Fax Number (give area code) (916) 445-4149
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/>			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Type A. State  Other (specify)		
Other (specify)			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Protection Agency		
<b>10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 6 6 - 7 0 0			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pesticide Regulatory Education Program (PREP)		
<b>TITLE (Name of Program):</b>					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):</b>					
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date: 1/1/2005		Ending Date: 12/31/2005	a. Applicant State of California		b. Project Statewide
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	370,875.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$		DATE:		
c. State	\$		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	370,875.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
Prefix		First Name Mary-Ann	Middle Name		
Last Name Warmerdam		Suffix			
b. Title Director		c. Telephone Number (916) 445-4000			
d. Signature of Authorized Representative		e. Date Signed November 18, 2004			

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# APPLICATION FOR FEDERAL ASSISTANCE

## 2. DATE SUBMITTED

05/25/2005

ant Identifier

RECEIVED

State Application Identifier

MAY 24 2005

STATE CLEARING HOUSE

## 1. TYPE OF SUBMISSION:

Application

Preapplication

☒ Construction☐ Construction☐ Non-Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

## Organizational Unit:

\* Legal Name: Mercy Housing California

Department: Housing Development

\* Organizational DUNS: 883523748

Division: San Francisco

## Address:

Name and telephone number of person to be contacted on matters involving this application (give area code)

\* Street1: 1360 Mission Street

Prefix: Mr. \* First Name: Marie

Street2: Suite 300

Middle Name:

\* City: San Francisco County: San Francisco

\* Last Name: Malakoff

\* State: CA \* Zip Code: 94103 \* Country: USA

Suffix: \* Email: mmalakoff@mercyhousing.org

\* Phone Number (give area code) Fax Number (give area code)

415-355-7156

415-355-7101

## 6. \* EMPLOYER IDENTIFICATION NUMBER (EIN):

94-3081666

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

## 7. \* TYPE OF APPLICANT: Institution (Other than Institution of H

## 9. \* NAME OF FEDERAL AGENCY:

US Department of Housing and Urban Development

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

14.157

TITLE: Supportive Housing for the Elderly

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

9th & Jessie Senior Community  
Southwest corner, 9th & Jessie Streets  
San Francisco, CA 94103

95 HUD-assisted plus 11 non-HUD-assisted housing units for very low income seniors

## 12. \* AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

San Francisco, San Francisco, CA

## 13. \* PROPOSED PROJECT:

## 14. \* CONGRESSIONAL DISTRICTS OF:

\* Start Date

12/01/2005

\* Ending Date

06/01/2009

\* a. Applicant

8

\* b. Project

8

## 15. \* ESTIMATED FUNDING:

\* a. Federal \$ 11,530,900.00

\* b. Applicant \$ 10,000.00

\* c. State \$ 0.00

\* d. Local \$ 6,900,000.00

\* e. Other \$ 9,072,000.00

\* f. Program Income \$ 0.00

g. TOTAL \$

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 05/24/2005b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. \* TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms.

\* First Name: Valerie

Middle Name

\* Last Name: Agostino

Suffix:

\* b. Title: Vice President

\* c. Telephone Number (give area code): 415-355-7100

\* Email: vagostino@mercyhousing.org

Fax Number (give area code):

415-355-7101

d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov



APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-23-05	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: Central Sierra Resource Conservation & Development, Inc.		Organizational Unit:	
Address (give city, county, state, and zip code): 235 New York Ranch Road, Ste. D Jackson, CA 95642 Dunn # 136584179		Name and telephone number of person to be contacted on matters involving this application (give area code)  Lee Seaton, (209) 533-0361 x242	
6. EMPLOYER IDENTIFICATION (EIN): 4 2 - 1 5 8 6 5 7 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award      B. Decrease Award      c. Increase Duration D. Decrease Duration      Other (specify):		A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify) <u>Non Profit</u>	
		9. NAME OF FEDERAL AGENCY:  Natural Resources Conservation Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 0 - 9 0 1  TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Implementation of CSRC&D Area Plan and Annual Work Plan	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  Alpine, Amador, Calaveras, Northern Mono, <i>Tuolumne Co.</i>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 1/1/06	Ending Date 12/31/06	a. Applicant 3	b. Project 3, and 19
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 15,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE <u>5/24/05</u>	
c. State	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
g. Total	\$ 15,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Alfred Nunes		b. Title Secretary/Treasurer	c. Telephone Number (209) 257-1851
d. Signature of Authorized Representative <i>X Alfred A. Nunes</i>		e. Date Signed 5-23-05	

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# of pages 1

APPLICATION FOR  
FEDERAL ASSISTANCE

2. DATE SUBMITTED

5/23/05

## 1. TYPE OF SUBMISSION:

Application

Preapplication

☒ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY ST/

4. DATE RECEIVED BY FEI

To

Dept./Agency

Fax #

NSN 7540-01-317-7388

5099-101

From

Phone #

Fax #

GENERAL SERVICES ADMINISTRATION

## 5. APPLICANT INFORMATION

Legal Name: Trinity RC&amp;D Council, Inc.

Address (give city, county, state, and zip code):

P.O. Box 2183  
Weaverville, CA 96093

Organizational Unit:

Name and telephone number of person to be contacted on matters involving this application (give area code)

Patrick Truman 530-623-2009 Ext. 3

## 6. EMPLOYER IDENTIFICATION (EIN):

6 8 - 0 3 9 6 8 5 9

## 8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ Revision

If Revision, enter appropriate letter(s) in

A

C

A. Increase Award

B. Decrease Award

c. Increase Duration

D. Decrease Duration

Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify) Non-profit

## 9. NAME OF FEDERAL AGENCY:

USDA - NRCS

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

- - - - -

TITLE:

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Trinity County, California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Implementation of the RC&D Area Plan  
and Annual Plan of Work

## 13. PROPOSED PROJECT

Start Date

5/23/05

Ending Date

10/31/06

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Second

b. Project

Second

## 15. ESTIMATED FUNDING

a. Federal

\$

15,000.00

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. Total

\$

15,000.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 5/23/05

b. NO

☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Patrick Truman

b. Title

President

c. Telephone Number

(530) 623-2009

d. Signature of Authorized Representative

e. Date Signed

5/23/05

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

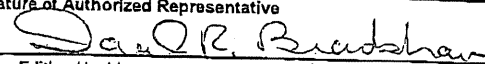
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/31/2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Southern California Housing Development Corporation	Organizational Unit: Department:
Organizational DUNS: 796516748	Division:
Address: Street: 9065 Haven Avenue, Suite 100	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Rancho Cucamonga	Prefix: Mr
County: San Bernardino	First Name: Alfredo
State: California	Middle Name
Zip Code: 91730	Last Name: Izmatovich
Country: USA	Suffix:
Email: aizmatovich@schdc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0521215	Phone Number (give area code): 909-483-2444
	Fax Number (give area code): 909-483-2448
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O -- Non-profit Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157 TITLE (Name of Program): Section 202 Supportive Housing for the Elderly	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Montclair, San Bernardino County, California	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Montclair Senior Apartments: New construction of a 85-unit permanent housing independent living apartment building in Montclair, California for 84 very low-income and low-income persons 62-years of age or older (and one resident manager).
13. PROPOSED PROJECT Start Date: 05/01/2007 Ending Date: 05/01/2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal HUD \$ 10,364,671.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/24/05
b. Applicant \$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local Redevelopment Agency \$ 1,490,472.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 11,855,143.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: Mr.	First Name: Richard
Last Name: Whittingham	Middle Name: J.
b. Title: Chief Financial Officer	Suffix:
d. Signature of Authorized Representative	c. Telephone Number (give area code): 909-483-2444
	e. Date Signed

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APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/23/05		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Ore-Cal RC&D Address (give city, county, state, and zip code): P.O. Box 785 Dorris, CA 96023			Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Donna Burchner (530) 397-7463		
<b>6. EMPLOYER IDENTIFICATION (EIN):</b> 6 8 - 0 3 2 3 5 0 2 STATE CLEARING HOUSE			<b>7. TYPE OF APPLICANT (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>non profit</u> </div> </div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in: <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify):					
<b>9. NAME OF FEDERAL AGENCY:</b> USDA NRCS					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> TITLE:			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Implementation of RC&D Area and Annual Work Plans		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California & Oregon & Pacific Rim Regions					
<b>13. PROPOSED PROJECT</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date 6/1/05	Ending Date 10/31/06	a. Applicant second			
		b. Project first & second			
<b>15. ESTIMATED FUNDING</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal      \$ 15,000.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant      \$		DATE:			
c. State      \$		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local      \$		<input checked="" type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other      \$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
f. Program Income      \$		<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO			
g. Total      \$ 15,000.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative David Bradshaw		b. Title President		c. Telephone Number (530) 397-7463	
d. Signature of Authorized Representative 				e. Date Signed 5/23/05	

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 18, 2005		Applicant Identifier R9 Tracking Number 05-316	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: California Air Resources Board		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 828321871		Organizational Unit: Department:		Division: Administrative Services Division	
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County: Sacramento State: CA Zip Code: 95812		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Valinda Middle Name: Last Name: Debbs Suffix:		Email: vdebbs@arb.ca.gov Phone Number (give area code) (916) 322-8201 Fax Number (give area code) (916) 322-9612	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-0011		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continue the ambient air monitoring programs, outreach, and coordination activities in Mexican Border cities	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide	
15. ESTIMATED FUNDING: a. Federal \$ 6,763,775 b. Applicant \$ 20,515,127 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 27,278,902		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Signature Date b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Ms. Last Name LaVergne b. Title Chief, Administrative Services d. Signature of Authorized Representative Marie LaVergne		First Name Marie Suffix c. Telephone Number (give area code) (916) 322-8198 e. Date Signed 5-18-05		Middle Name	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Caspar South Water District		Organizational Unit: Department:			
Organizational DUNS:		Division:			
Address: Street: P.O. Box 744		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Mendocino		Prefix:		First Name: David	
County: Mendocino		Middle Name			
State: California		Last Name Berry			
Zip Code 95460		Suffix: Ph.D.			
Country: USA		Email: dberry@dtsc.ca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2831918		Phone Number (give area code) 916-255-8628		Fax Number (give area code) 916-255-6657	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program 10-760		9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Caspar South Community, Mendocino, Mendocino County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of an aging leach field and upgrades to the community sewage treatment facility. Based on North Coast Regional Water Quality Control Board warning and violation of Department of Health Services Health code.			
13. PROPOSED PROJECT Start Date: September 2005 Ending Date: June 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 1,065,510		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 12, 2005			
b. Applicant \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$					
g. TOTAL \$ 1,065,510					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative		Prefix		First Name David	
Last Name Berry		Middle Name		Suffix Ph.D.	
b. Title President, Caspar South Water District		c. Telephone Number (give area code) 1 707 964-3032 or 1 707 964 1175			
d. Signature of Authorized Representative		e. Date Signed			

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# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 05/31/2005		Applicant Identifier _____	
		<b>3. DATE RECEIVED BY STATE</b> _____		State Application Identifier _____	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> _____		Federal Identifier _____	

<b>5. APPLICANT INFORMATION</b>			<b>Organizational Unit:</b>																							
* Legal Name: Eden Housing, Inc.			Department: _____																							
* Organizational DUNS: 058211947			Division: _____																							
<b>Address:</b> * Street1: 409 Jackson Street Street2: _____ * City: Hayward County Alameda * State: CA * Zip Code: 94544 * Country USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ * First Name: Kathryn Middle Name: _____ * Last Name: Schmidt Suffix: _____ * Email: KSchmidt@edenhousing.org * Phone Number (give area code) (510) 582-1460 Fax Number (give area code) (510) 582-6523																							
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 23-1716750			<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of Higher Education) (specify) _____																							
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			<b>9. * NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 14.157 TITLE: Supportive Housing for the Elderly			<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Manteca Senior Housing 2 40 Units of Affordable Senior Apartments																							
<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Manteca, San Joaquin County																										
<b>13. * PROPOSED PROJECT:</b> * Start Date 04/09/2007 * Ending Date 05/07/2008			<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant 13 * b. Project 11																							
<b>15. * ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* a. Federal</td> <td>\$</td> <td>4,441,376.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$</td> <td>10,000.00</td> </tr> <tr> <td>* c. State</td> <td>\$</td> <td>1,750,000.00</td> </tr> <tr> <td>* d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td><b>g. TOTAL</b></td> <td>\$</td> <td><b>6,201,376.00</b></td> </tr> </table>			* a. Federal	\$	4,441,376.00	* b. Applicant	\$	10,000.00	* c. State	\$	1,750,000.00	* d. Local	\$	0.00	* e. Other	\$	0.00	* f. Program Income	\$	0.00	<b>g. TOTAL</b>	\$	<b>6,201,376.00</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/18/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* a. Federal	\$	4,441,376.00																								
* b. Applicant	\$	10,000.00																								
* c. State	\$	1,750,000.00																								
* d. Local	\$	0.00																								
* e. Other	\$	0.00																								
* f. Program Income	\$	0.00																								
<b>g. TOTAL</b>	\$	<b>6,201,376.00</b>																								
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																										
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b> Prefix: _____ * First Name: Linda Middle Name _____ * Last Name: Mandolini Suffix: _____ * b. Title: Executive Director * c. Telephone Number (give area code): (510) 582-1460 * Email: LMandolini@edenhousing.org Fax Number (give area code): (510) 582-6523																										
d. Signature of Authorized Representative: 			e. Date Signed: Completed on submission to Grants.gov 05/18/2005																							

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: CSU, Chico Research Foundation		Organizational Unit: Department: Office of Sponsored Programs		
Organizational DUNS: 61-217-7162		Division:		
Address: Street: CSU, Chico - Bldg. 25		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico		Prefix: First Name:		
County: Butte		Middle Name		
State: CA Zip Code 95929-0870		Last Name		
Country:		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		Email:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other - Nonprofit 501(c)3 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: N/A - TITLE (Name of Program): Anadromous Fish Restoration Program		9. NAME OF FEDERAL AGENCY: US Fish & Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: West Tehama Riparian Assessment		
13. PROPOSED PROJECT Start Date: 9/15/05 Ending Date: 9/14/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant second b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 91,358.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/23/05		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 91,358.00	a. Authorized Representative		
Prefix		First Name Carol		Middle Name
Last Name Sager		Suffix		
b. Title Director, Office of Sponsored Programs		c. Telephone Number (give area code) (530) 898-5700		
d. Signature of Authorized Representative		e. Date Signed 5/20/05		

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APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
<b>5. APPLICANT INFORMATION</b>				
Legal Name: CSU, Chico Research Foundation		<b>Organizational Unit:</b> Department: Office of Sponsored Programs		
Organizational DUNS: 61-217-7162		Division:		
Address: Street: CSU, Chico - Bldg. 25		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name:		
City: Chico		Middle Name		
County: Butte		Last Name		
State: CA		Suffix:		
Zip Code 95929-0870		Email:		
Country:				
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68 - 0386518		Phone Number (give area code) (530) 898-5700		Fax Number (give area code) (530) 898-6804
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other - Nonprofit 501(c)3 Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Anadromous Fish Restoration Program		<b>9. NAME OF FEDERAL AGENCY:</b> US Fish & Wildlife Service		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Northern California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Cottonwood Creek Riparian Assessment		
<b>13. PROPOSED PROJECT</b> Start Date: 9/15/05 Ending Date: 9/14/07		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant second b. Project		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 98,625.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/23/05		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 98,625.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b> Prefix First Name Carol Middle Name		Last Name Sager Suffix		
b. Title Director, Office of Sponsored Programs		c. Telephone Number (give area code) (530) 898-5700		
d. Signature of Authorized Representative Carol Sager		e. Date Signed 5/20/05		

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CSU, Chico Research Foundation			Organizational Unit: Department: Office of Sponsored Programs		
Organizational DUNS: 61-217-7162			Division:		
Address: Street: CSU, Chico - Bldg. 25			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Chico			Prefix: First Name:		
County: Butte			Middle Name		
State: CA Zip Code 95929-0870			Last Name		
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518			Phone Number (give area code) (530) 898-5700		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other - Nonprofit 501(c)3 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: N/A -			9. NAME OF FEDERAL AGENCY: US Fish & Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mill Creek Riparian Assessment		
13. PROPOSED PROJECT Start Date: 9/15/05 Ending Date: 9/14/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant second b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 87,899.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ .00			DATE: 5/23/05		
c. State \$ .00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$ .00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ .00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$ .00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 87,899.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Carol		Middle Name	
Last Name Sager				Suffix	
b. Title Director, Office of Sponsored Programs				c. Telephone Number (give area code) (530) 898-5700	
d. Signature of Authorized Representative				e. Date Signed 5/24/05	
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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5-9-05 <b>3. DATE RECEIVED BY STATE</b> <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Applicant Identifier</b> 4-08 <b>State Application Identifier</b> <b>Federal Identifier</b>																												
<b>5. APPLICANT INFORMATION</b> <b>Legal Name:</b> Goleta Valley Ken Knight <b>Organizational DUNS:</b> 36150035 Goleta Valley Beautiful <b>Address:</b> <b>Street:</b> PO Box 6756 <b>City:</b> Goleta <b>County:</b> Santa Barbara <b>State:</b> CA <b>Zip Code:</b> 93160 <b>Country:</b> USA		<b>Organizational Unit:</b> <b>Department:</b> <b>Division:</b> <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> <b>Prefix:</b> Mr. <b>First Name:</b> Kenneth <b>Middle Name:</b> Allan <b>Last Name:</b> Knight <b>Suffix:</b> <b>Email:</b> KennethKnight@cox.net <b>Phone Number (give area code)</b> 805 252-1952 <b>Fax Number (give area code)</b> 805 968-8523																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 23-7392774		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Nonprofit Other (specify)																													
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Forest Service <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Methodology for using General Plans to classify trees as Capital Assets.																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): 10-664 Cooperative Forestry Assistance		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant CA-23rd b. Project																													
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> All cities, counties		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/18/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
<b>13. PROPOSED PROJECT</b> Start Date: 9/1/05 Ending Date: 12/31/06		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">2,000.00</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>25,000.00</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>46,000.00</td> <td></td> </tr> </table>		a. Federal	\$	2,000.00		b. Applicant	\$	25,000.00		c. State	\$			d. Local	\$			e. Other	\$			f. Program Income	\$			g. TOTAL	\$	46,000.00		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> <b>a. Authorized Representative</b> <b>Prefix:</b> Mr. <b>First Name:</b> Kenneth <b>Middle Name:</b> Allan <b>Last Name:</b> Knight <b>Suffix:</b> <b>b. Title:</b> Executive Director <b>c. Telephone Number (give area code):</b> 805 252-1952 <b>d. Signature of Authorized Representative:</b> Kenneth Allan Knight <b>e. Date Signed:</b> 5-9-05	
a. Federal	\$	2,000.00																													
b. Applicant	\$	25,000.00																													
c. State	\$																														
d. Local	\$																														
e. Other	\$																														
f. Program Income	\$																														
g. TOTAL	\$	46,000.00																													

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. Type of Submission</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Application</b>  <input type="checkbox"/> Construction  <input checked="" type="checkbox"/> Non-Construction         </div> <div style="width: 45%;"> <b>Preapplication</b>  <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction         </div> </div>		<b>2. Date Submitted (mm/dd/yyyy)</b> 5/15/05		<b>Applicant Identifier</b> ESG-2005	
<b>3. Date Received by State (mm/dd/yyyy)</b>		<b>State Applicant Identifier</b>			
<b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>		<b>Federal Identifier</b>			

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> San Diego Urban County	<b>Organizational DUNS:</b> 00-9581646	<b>Organizational Unit:</b> County of San Diego – Dept. of Housing and Community Development
<b>Address (give city, county, state, and zip code):</b> 3989 Ruffin Road San Diego, CA 92123, USA		<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> Mr. David Estrella, Community Development Manager Email: <a href="mailto:David.Estrella@sdcounty.ca.gov">David.Estrella@sdcounty.ca.gov</a> Phone: 858-694-4802; Fax: 858-514-6509

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  

--	--	--	--	--	--	--	--	--	--

**8. TYPE OF APPLICATION:**  

☐ New
 ☒ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy)**

1	4	.	2	3	1
---	---	---	---	---	---

**TITLE:** Emergency Shelter Grant

**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**  
 Unincorporated Areas and Coronado, Del Mar, Imperial Beach, Lemon Grove, Poway and Solana Beach

<b>13. PROPOSED PROJECT:</b> <table style="width:100%;"> <tr> <td style="width:50%;"> <b>Start Date (mm/dd/yyyy)</b>            7/1/05         </td> <td style="width:50%;"> <b>Ending Date (mm/dd/yyyy)</b>            6/30/06         </td> </tr> </table>	<b>Start Date (mm/dd/yyyy)</b> 7/1/05	<b>Ending Date (mm/dd/yyyy)</b> 6/30/06	<b>14. CONGRESSIONAL DISTRICTS OF:</b> <table style="width:100%;"> <tr> <td style="width:50%;">           a. Applicant            49, 50, 51, 52 and 53         </td> <td style="width:50%;">           b. Project            49, 50, 51, 52 and 53         </td> </tr> </table>	a. Applicant 49, 50, 51, 52 and 53	b. Project 49, 50, 51, 52 and 53
<b>Start Date (mm/dd/yyyy)</b> 7/1/05	<b>Ending Date (mm/dd/yyyy)</b> 6/30/06				
a. Applicant 49, 50, 51, 52 and 53	b. Project 49, 50, 51, 52 and 53				

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td style="width:30%;">Federal</td> <td style="width:70%;">\$208,917</td> </tr> <tr> <td>Applicant</td> <td>\$208,917</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>\$417,834</b></td> </tr> </table> <p><b>Complete form HUD-424-M, Funding Matrix</b></p>	Federal	\$208,917	Applicant	\$208,917	<b>TOTAL</b>	<b>\$417,834</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>DATE (mm/dd/yyyy)</div> <div>5/15/05</div> </div> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
Federal	\$208,917						
Applicant	\$208,917						
<b>TOTAL</b>	<b>\$417,834</b>						

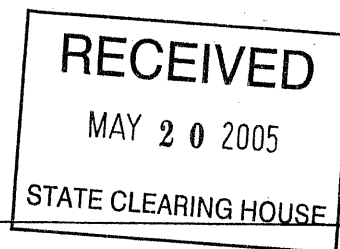
  

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ Yes    If "Yes," attach an explanation.    ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

<b>a. Typed Name of Authorized Representative</b> MS. CATHERINE J. TROUT	<b>b. Title</b> Director, County of San Diego Dept. of Housing and Community Development	<b>c. Telephone number (Include Area Code)</b> 858-694-4885
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed (mm/dd/yyyy)</b>



APPLICATION FOR  
FEDERAL ASSISTANCE

2. DATE SUBMITTED

5/23/05

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

RECEIVED

MAY 20 2005

STATE CLEARING HOUSE

## 1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name: South Coast RC&amp;D

Organizational Unit:

Address (give city, county, state, and zip code):

4500 Glenwood Drive, Bldg D  
Riverside, CA 92501Name and telephone number of person to be contacted on matters involving  
this application (give area code)

Marty Leavitt, 951-682-3956

## 6. EMPLOYER IDENTIFICATION (EIN):

3 3 - 0 8 2 0 5 1 5

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

n

- A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District
- M. Independent School Dist.  
I. State Controlled Institution of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify) non-profit

## 8. TYPE OF APPLICATION:

☐ New☐ Continuation☒ Revision

If Revision, enter appropriate letter(s) in

A

☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

## 9. NAME OF FEDERAL AGENCY:

USDA NRCS

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 9 0 1

TITLE:

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Area Plan Development and  
Implementation

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Ventura, Los Angeles, Riverside, San Berna

## 13. PROPOSED PROJECT

Start Date

9/1/04

Ending Date

10/31/06

a. Applicant

South Coast RC&amp;D

## 14. CONGRESSIONAL DISTRICTS OF:

b. Project

Area Plan Implementation

## 15. ESTIMATED FUNDING

a. Federal	\$	15,000.00
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. Total	\$	15,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE  
AVAILABLE TO THE STATE EXECUTIVE ORDER  
12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY  
STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND  
CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE  
APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Marty Leavitt

b. Title

President

c. Telephone Number

(951) 682-3956

d. Signature of Authorized Representative

e. Date Signed

Previous Edition Usable  
AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 424 (REV. 4-92)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

 2. Date Submitted (mm/dd/yyyy)  
5/15/05

Applicant Identifier

B-05-UC-060501

## 1. Type of Submission

Application

Preapplication

☒ Construction☐ Construction☐ Non-Construction☐ Non-Construction

3. Date Received by State (mm/dd/yyyy)

State Applicant Identifier

4. Date Received by Federal Agency  
(mm/dd/yyyy)

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

San Diego Urban County

Organizational DUNS:

00-9581646

Organizational Unit:

County of San Diego – Dept. of Housing and Community Development

Address (give city, county, state, and zip code):

3989 Ruffin Road

San Diego, CA 92123, USA

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Mr. David Estrella, Community Development Manager

Email: [David.Estrella@sdcounty.ca.gov](mailto:David.Estrella@sdcounty.ca.gov)

Phone: 858-694-4802; Fax: 858-514-6509

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

--	--	--	--	--	--	--	--	--	--

## 8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT:  
(enter appropriate letter in box)

B

A. State

I. State Controlled Institution of Higher Learning

B. County

J. Private University

C. Municipal

K. Indian Tribe

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Nonprofit

G. Special District

O. Public Housing Agency

H. Independent School Dist.

P. Other  
(Specify)

## 9. NAME OF FEDERAL AGENCY

U.S. Dept. of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER: (xx-yyy)

1

4

.

2

1

8

TITLE: Community Development Block Grant

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

CDBG entitlement to be used for housing acquisition, development and rehabilitation, public improvements, economic development, and planning, to improve the living environment of lower income families.

RECEIVED

MAY 20 2005

STATE CLEARING HOUSE

## 13. PROPOSED PROJECT:

Start Date  
(mm/dd/yyyy)

7/1/05

Ending Date  
(mm/dd/yyyy)

6/30/06

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

49, 50, 51, 52 and 53

b. Project

49, 50, 51, 52 and 53

## 15. ESTIMATED FUNDING:

Federal \$5,408,793

Program Income \$1,200,000

TOTAL \$6,608,793

Complete form HUD-424-M, Funding Matrix

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE (mm/dd/yyyy)

5/15/05

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372OR ☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

MS. CATHERINE J. TROUT

b. Title

Director, County of San Diego  
Dept. of Housing and Community Development

c. Telephone number

(Include Area Code) 858-694-4885

d. Signature of Authorized Representative

e. Date Signed (mm/dd/yyyy)

05/11/2005

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 5/16/05 <b>3. DATE RECEIVED BY STATE</b> <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier State Application Identifier Federal Identifier
---	--	---	--

<b>5. APPLICANT INFORMATION</b>		<b>Organizational Unit:</b>																																																																							
Legal Name: Access Services, Inc. PO Box 71684, L.A.		Department:																																																																							
Organizational DUNS: 883300121		Division:																																																																							
<b>Address:</b> Street: PO Box 71684		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Matthew																																																																							
City: Los Angeles, CA																																																																									
County: Los Angeles		Middle Name																																																																							
State: CA	Zip Code 90071	Last Name Avancena																																																																							
Country: USA		Suffix:																																																																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">95-4489711</div>		Email: avancena@asila.org																																																																							
		Phone Number (give area code) 213.270.6000																																																																							
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O Other (specify)																																																																							
		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Transit Administration																																																																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): 5310		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 1) Transportation Services Including eligibility, customer services and purchased transportation; 2) Vehicle Replacement																																																																							
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Los Angeles County		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 21-47    b. Project 21-47																																																																							
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/2005    Ending Date: 10/31/06		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																							
<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>49,170,000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>6,370,494</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td>55,540,494</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$									b. Applicant	\$		49,170,000							c. State	\$									d. Local	\$									e. Other	\$		6,370,494							f. Program Income	\$									g. TOTAL	\$		55,540,494							<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$																																																																								
b. Applicant	\$		49,170,000																																																																						
c. State	\$																																																																								
d. Local	\$																																																																								
e. Other	\$		6,370,494																																																																						
f. Program Income	\$																																																																								
g. TOTAL	\$		55,540,494																																																																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																																																									
<b>a. Authorized Representative</b> Prefix: First Name: MATTHEW Middle Name: Last Name: AVANCENA Suffix: b. Title: GRANTS ADMINISTRATOR c. Telephone Number (give area code): 213.270.6000 d. Signature of Authorized Representative: [Signature] e. Date Signed: 5/16/05																																																																									

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R9 Tracking # 04-540
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913		4. Date Rec'd by Federal	Federal Identifier
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
10. Catalog of Federal Domestic Assistance Number 66.436 Title: Surveys, Studies, Investigations, Demonstrations Training Grants, and Cooperative Agreements Section 104(b)(3)		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) Lake Tahoe, California		11. Descriptive Title of Applicant's Project: The project tasks include: 1) identify pollutant load reductions, 2) determine method and process of selecting load reduction alternatives, 3) measure progress based on load reduction alternatives selected, and 4) complete a monitoring plan.	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$1,378,303 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$1,378,303		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 20, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ X NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		c. Date Signed:	

RECEIVED  
MAY 20 2005  
STATE CLEARING HOUSE



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 20, 2005	Applicant Identifier 05-292	
Pre application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Sustainable Conservation		Organizational Unit: Department:		
Organizational DUNS: 82-628-2818		Division:		
Address: Street: 121 Second St., 6th Floor		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>RECEIVED</b>   MAY 19 2005   <b>STATE CLEARING HOUSE</b> </div>		
City: San Francisco				
County: San Francisco		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CA		Prefix: Ms.		
Zip Code 94105		First Name: Kristen		
Country: U.S.		Middle Name		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3232437		Last Name Hughes		
		Suffix:		
		Email: khughes@suscon.org		
		Phone Number (give area code) 415-977-0380 ext. 308		
		Fax Number (give area code) 415-977-0381		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Non profit organization 501 (c)(3) Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 68-463		9. NAME OF FEDERAL AGENCY: U.S. EPA, Region 9, John Ungvarsky		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California's Central Valley and regions with nitrate contamination of groundwater		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Demonstration and Evaluation of a Reciprocating Biofilter for Dairy Lagoon Nitrogen Removal		
13. PROPOSED PROJECT Start Date: August 1, 2005 Ending Date: July 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12 b. Project 11, 18, 19, 20, 21, 22		
16. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 125,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 20, 2005		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 165,890	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 290,890			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.		First Name Ashley		Middle Name
Last Name Boren				Suffix
b. Title Executive Director		c. Telephone Number (give area code) 415-977-0380 ext. 308		
d. Signature of Authorized Representative <i>Ashley Boren</i>		e. Date Signed May 26, 2004		

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Satellite Housing, Inc.			Organizational Unit:		
Organizational DUNS: 626464737			Department: Housing Development		
Address: 2526 Martin Luther King Jr. Way			Division: Not Applicable		
City: Berkeley			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Alameda			Prefix: First Name: Dorl		
State: California Zip Code: 94704			Middle Name		
Country: U.S.A.			Last Name: Kojima		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-3031375			Suffix:		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Email: dkojima@sathomes.org		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157			Phone Number (give area code): 510-647-0700 ext 114		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Walnut Creek, County of Contra Costa			Fax Number (give area code): 510-647-0820		
13. PROPOSED PROJECT Start Date: 02/2006 Ending Date: 08/2008			8. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
16. ESTIMATED FUNDING:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casa Montego II: A 33 unit senior housing expansion of Casa Montego.		
a. Federal \$ 550,000			14. CONGRESSIONAL DISTRICTS OF:		
b. Applicant \$ 10,000			a. Applicant 9 b. Project 10		
c. State \$ 0			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local \$ 1,250,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
e. Other \$ 330,000			DATE: 05/19/05		
f. Program Income \$ 3,832,672			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
g. TOTAL \$ 5,972,672			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
a. Authorized Representative			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
Prefix Mr. First Name Arion (Ryan)			Middle Name		
Last Name Chao			Suffix		
b. Title Executive Director			c. Telephone Number (give area code) 510-647-0700		
d. Signature of Authorized Representative			e. Date Signed 5/19/05		

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: American Baptist Homes of the West			Organizational Unit: Department:		
Organizational DUNS: 07-169-1307			Division:		
Address: Street: 6120 Stoneridge Mall Rd. 3rd Floor			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Kevin		
City: Pleasanton			Middle Name		
County: Alameda			Last Name Knudtson		
State: CA		Zip Code 94588		Suffix:	
Country: USA			Email: kkundtson@communityeconomics.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1225374			Phone Number (give area code) (510) 832-8300 x301		Fax Number (give area code) (510) 832-2227
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-157 TITLE (Name of Program): Section 202 Supportive Housing for the Elderly			<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing & Urban Development		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Daly City CA, San Mateo County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 202 Supportive Housing for the Elderly		
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 8 b. Project 12		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	4,775,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/18/05		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	1,400,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	6,175,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix	First Name David		Middle Name B.		
Last Name Ferguson				Suffix	
b. Title President/CEO ABHOW		c. Telephone Number (give area code) (925) 924-7113			
d. Signature of Authorized Representative <i>David Ferguson</i>		e. Date Signed 5/17/05			

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: American Baptist Homes of the West		Organizational Unit: Department:	
Organizational DUNS: 07-169-1307		Division:	
<b>Address:</b> Street: 6120 Stoneridge Mall Rd. 3rd Floor		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Kevin	
City: Pleasanton		Middle Name	
County: Alameda		Last Name Knudtson	
State: CA	Zip Code 94588	Suffix:	
Country: USA		Email: kkundtson@communityeconomics.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-1225374		Phone Number (give area code) (510) 832-8300 x301	Fax Number (give area code) (510) 832-2227
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O - Not for Profit Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-157		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Housing & Urban Development	
TITLE (Name of Program): Section 202 Supportive Housing for the Elderly		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Section 202 Supportive Housing for the Elderly	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): South Lake Tahoe, CA, El Dorado County			
<b>13. PROPOSED PROJECT</b> Start Date: Ending Date:		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 8 b. Project 4	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 3,857,700.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/18/05	
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 3,405,000.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 7,262,700.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Authorized Representative Prefix First Name David Middle Name B.			
Last Name Ferguson Suffix			
b. Title President/CEO ABHOW		c. Telephone Number (give area code) (925) 924-7113	
d. Signature of Authorized Representative [Signature]		e. Date Signed 5/17/05	

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**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Applicant Identifier  State Application Identifier  Federal Identifier
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<b>5. APPLICANT INFORMATION</b> Legal Name: <div style="border: 1px solid black; padding: 2px;">City of Oroville</div> Organizational DUNS:  Address: Street: <div style="border: 1px solid black; padding: 2px;">1735 Montgomery Street</div> City: <div style="border: 1px solid black; padding: 2px;">Oroville</div> County: <div style="border: 1px solid black; padding: 2px;">Butte</div> State: <div style="border: 1px solid black; padding: 2px;">CA</div> Zip Code: <div style="border: 1px solid black; padding: 2px;">95965</div> Country: <div style="border: 1px solid black; padding: 2px;">USA</div>		<b>Organizational Unit:</b> Department:  Division:  <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: <div style="border: 1px solid black; padding: 2px;">Diane</div> Middle Name:  Last Name: <div style="border: 1px solid black; padding: 2px;">MacMillan</div> Suffix:  Email: <div style="border: 1px solid black; padding: 2px;">macmillandd@cityoforoville.org</div> Phone Number (give area code): <div style="border: 1px solid black; padding: 2px;">(530) 538-2413</div> Fax Number (give area code): <div style="border: 1px solid black; padding: 2px;">(530) 538-2525</div>
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<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">94-6000387</div>	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)  Other (specify) <div style="border: 1px solid black; padding: 2px;">Municipal</div>
---	--

<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> <div style="border: 1px solid black; padding: 2px;">USDA Rural Development</div>
---	---

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE (Name of Program): <div style="border: 1px solid black; padding: 2px;">Community Facility Loan Program</div>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  <div style="border: 1px solid black; padding: 2px;">City Expansion and Remodel</div>
--	--

<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <div style="border: 1px solid black; padding: 2px;">City of Oroville</div>	<b>13. PROPOSED PROJECT</b> Start Date:    Ending Date:  
--	--

<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <div style="border: 1px solid black; padding: 2px;">4th</div> b. Project <div style="border: 1px solid black; padding: 2px;">4th</div>	<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">700,000</td> <td style="width:10%;">.00</td> <td style="width:30%;"></td> </tr> <tr> <td>b. Applicant</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>55,000</td> <td>.00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>755,000</td> <td>.00</td> <td></td> </tr> </table>	a. Federal	\$	700,000	.00		b. Applicant					c. State	\$		.00		d. Local	\$	55,000	.00		e. Other	\$		.00		f. Program Income	\$		.00		g. TOTAL	\$	755,000	.00	
a. Federal	\$	700,000	.00																																	
b. Applicant																																				
c. State	\$		.00																																	
d. Local	\$	55,000	.00																																	
e. Other	\$		.00																																	
f. Program Income	\$		.00																																	
g. TOTAL	\$	755,000	.00																																	

<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE:  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
---	--

RECEIVED

MAY 19 2005

STATE CLEARING HOUSE

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
<b>a. Authorized Representative</b> Prefix: Last Name: <div style="border: 1px solid black; padding: 2px;">Atteberry</div>	First Name: <div style="border: 1px solid black; padding: 2px;">Sharon</div>	Middle Name: <div style="border: 1px solid black; padding: 2px;">L.</div> Suffix:  
<b>b. Title:</b> <div style="border: 1px solid black; padding: 2px;">City Administrator</div>		<b>c. Telephone Number (give area code):</b> <div style="border: 1px solid black; padding: 2px;">(530) 538-2535</div>
<b>d. Signature of Authorized Representative:</b> <div style="border: 1px solid black; padding: 2px;">Sharon L. Atteberry</div>		<b>e. Date Signed:</b> <div style="border: 1px solid black; padding: 2px;">May 16, 2005</div>

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Satellite Housing, Inc.		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 073926818		Organizational Unit: Department: Housing Development		Division: Not Applicable	
Address: Street: 2526 Martin Luther King Jr. Way		RECEIVED MAY 19 2005 STATE CLEARING HOUSE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Berkeley				Prefix: First Name: Dori	
County: Alameda				Middle Name	
State: California Zip Code 94704				Last Name Kojima	
Country: U.S.A.		Email: dkojima@ssthomes.org		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 99-3031375		Phone Number (give area code) 510-647-0700 ext 114		Fax Number (give area code) 510-647-0820	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) O. Not for Profit Organization			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HUD 202: Supportive Housing Program		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Walnut Creek, County of Contra Costa		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Casa Montego II: A 33 unit senior housing expansion of Casa Montego.			
13. PROPOSED PROJECT Start Date: 02/2006 Ending Date: 08/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project 10			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 550,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05 / 13 / 05			
b. Applicant \$ 10,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$ 1,250,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$ 330,000		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$ 3,832,672					
g. TOTAL \$ 5,972,672					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Arion (Ryan)		Middle Name	
Last Name Chao				Suffix	
b. Title Executive Director		c. Telephone Number (give area code) 510-647-0700			
d. Signature of Authorized Representative		e. Date Signed 05/16/2005			

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05/19/05	Applicant Identifier 05-173	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: Council of Fresno County Governments		Organizational Unit: Department:		
Organizational DUNS: 14-043-6358		Division:		
Address: Street: 2100 Tulare St. Suite 619		Name and telephone number of person to be contacted on matters (involving this application (give area code))		
City: Fresno		Prefix:	First Name: Les	
County: Fresno		Middle Name		
State: Ca		Last Name Bashears		
Zip Code 93721-2111	Suffix:			
Country: USA		Email: beshears@fresnocog.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2180682		Phone Number (give area code) (559) 298-2430	Fax Number (give area code) (559) 298-9645	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) Local Government Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-806		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Fresno		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Non-Point Source Water Quality Management Program - Agriculture Water		
13. PROPOSED PROJECT Start Date: 07/01/05 Ending Date: 12/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18,19,20,21 b. Project 18,19,20,21		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 248,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/19/05		
b. Applicant	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 248,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mrs.	First Name Barbara	Middle Name		
Last Name Goodwin		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (559) 233-4148		
d. Signature of Authorized Representative <i>Barbara Goodwin</i>		e. Date Signed 05/19/05		

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APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier N/A	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: San Bernardino County Sheriff's Department			Organizational Unit:		
Organizational DUNS: 136763120			Division: Law & Justice Group Administration		
Address (give city, county, state, and zip code) 655 East Third St. P.O. Box 569 San Bernardino, CA 92415			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Sue Morales, Law & Justice Analyst (909) 387-0630 Phone:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956002748			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2005 Technology Initiative			9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of San Bernardino, Ca			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Storage Technology Optical Records Management (STORM)		
13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project CA25, CA26, CA41, CA42, CA43			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 246661.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 17, 2005			
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael D. Stodelle, Asst. Sheriff		b. Title Chairman - Law & Justice Group		c. Telephone number 909-387-3671	
d. Signature of Authorized Representative Michael D. Stodelle		e. Date Signed 5-9-05			



# APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction  Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/31/2005	Applicant Identifier  State Application Identifier  
<b>5. APPLICANT INFORMATION</b>			
* Legal Name: Los Angeles Community Design Center * Organizational DUNS: 076199181 Address: * Street1: 701 E. 3rd St., Suite 400 Street2: * City: Los Angeles * State: CA * Zip Code: 90013 * Country: USA		<b>Organizational Unit:</b> Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: * First Name: Lisa Middle Name: * Last Name: Luboff Suffix: * Email: lluboff@lacdc.com * Phone Number (give area code) 213-629-2702 Fax Number (give area code) (213) 627-6407	
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6377511		<b>7. * TYPE OF APPLICANT:</b> Institution (Other than Institution of I  <b>9. * NAME OF FEDERAL AGENCY:</b> US Department of Housing and Urban Development	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Morgan Place New construction of low-income senior rental housing with community space and parking.	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> 14.157 TITLE: Supportive Housing for the Elderly		<b>12. * AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): City of Los Angeles, County of Los Angeles	
<b>13. * PROPOSED PROJECT:</b> * Start Date 09/01/2008 * Ending Date 12/01/2008		<b>14. * CONGRESSIONAL DISTRICTS OF:</b> * a. Applicant 33 * b. Project 33	
<b>15. * ESTIMATED FUNDING:</b> * a. Federal \$ 6,870,970.00 * b. Applicant \$ 10,000.00 * c. State \$ 0.00 * d. Local \$ 2,695,000.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/20/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b> Prefix: * First Name: Robn Middle Name: Last Name: Hughes Suffix: * b. Title: Executive Director * c. Telephone Number (give area code): 213-629-2702 * Email: rhughes@lacdc.com Fax Number (give area code): (213) 627-6407			
<b>d. Signature of Authorized Representative:</b> Completed on submission to Grants.gov		<b>e. Date Signed:</b> Completed on submission to Grants.gov	

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Standard Form 424 (Rev. x-xx)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

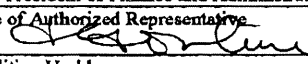
APPLICATION FOR  
FEDERAL ASSISTANCE

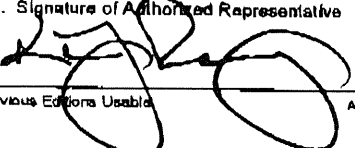
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 30, 2005		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Daytop Village Foundation, Inc.			Organizational Unit: Non-Profit		
Address (give city, county, State, and zip code): 54 West 40th Street New York, New York 10018			Name and telephone number of person to be contacted on matters involving this application (give area code): Kathleen Espejo (916) 683-2064		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 22-2923921			7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: USDA-RURAL DEVELOPMENT		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase property and build facility for Residential Group Home for Adolescent Substance Abuse Treatment Center		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Galt California County of Sacramento					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 3rd District of Herald			
Start Date 2/1/05	Ending Date 7/1/05	a. Applicant DAYTOP-New York		b. Project Residential Treatment Center	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 3,497,335.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/30/05			
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00				
g. TOTAL	\$ 3,497,335.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative (Rev.) Joseph H. Hennep		b. Title Vice-President		c. Telephone Number (973) 668-8648	
d. Signature of Authorized Representative <i>Joseph H. Hennep</i>				e. Date Signed 2/1/05	

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Prescribed by OMB Circular A-102

Version 7/03

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 5/18/2005	<b>Applicant Identifier</b> R9 Tracking Number 05-311	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b>	
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> University of Redlands			<b>Organizational Unit:</b> Department: Center for Environmental Studies	
<b>Organizational DUNS:</b> 072505746			<b>Division:</b> Redlands Institute	
<b>Address:</b> PO Box 3080			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
<b>Street:</b> 1200 East Colton Avenue			<b>Prefix:</b> Ms.	<b>First Name:</b> Lisa
<b>City:</b> Redlands			<b>Middle Name:</b>	
<b>County:</b> San Bernardino			<b>Last Name:</b> Benvenuti	
<b>State:</b> CA		<b>Zip Code:</b> 92373-0999	<b>Suffix:</b>	
<b>Country:</b> USA			<b>Email:</b> Lisa_Benvenuti@redlands.edu	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  95-1643389			<b>Phone Number (give area code)</b> (909) 793-2121 x4194	<b>Fax Number (give area code)</b> (909) 307-6952
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)			<b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b>  J. Private University 501 (c) (3)  Other (specify)	
<b>10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  66-606 <b>TITLE (Name of Program):</b> Surveys, Studies, Investigations and Special Purpose Grants			<b>9. NAME OF FEDERAL AGENCY:</b> Sara Bartholomew	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):</b> Riverside, Imperial, San Diego, San Bernardino Counties			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  The project proposes to (1) design and build a web portal for serving Salton Sea Database Program data and applications, (2) convert and publish existing and new Salton Sea Database Program data and bibliographic/multimedia resources via the web portal, and (3) provide continued technical and educational support to a much broader audience of stakeholders involved with or impacted by the Salton Sea restoration project.	
<b>13. PROPOSED PROJECT</b> <b>Start Date:</b> 9/1/05 <b>Ending Date:</b> 8/31/06			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 41 b. Project 41,43,44,45,52	
<b>15. ESTIMATED FUNDING: \$99,200</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/18/2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$99,200			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
b. Applicant \$				
c. State \$				
d. Local \$				
e. Other \$				
f. Program Income \$				
g. TOTAL \$99,200				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
<b>Prefix</b> Mr.		<b>First Name</b> Phillip	<b>Middle Name</b> L.	
<b>Last Name</b> Doolittle		<b>Suffix</b>		
<b>b. Title</b> Senior Vice President of Finance and Administration		<b>c. Telephone Number (give area code)</b> (909) 335-5170		
<b>d. Signature of Authorized Representative</b> 		<b>e. Date Signed</b> 5/16/05		

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	3. DATE RECEIVED BY STATE	4. DATE RECEIVED BY FEDERAL AGENCY	5. APPLICANT INFORMATION																				
1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED N/A	3. DATE RECEIVED BY STATE State Applicant Identifier N/A	4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier N/A	5. APPLICANT INFORMATION Legal Name: <b>Covina Police Department</b> Organizational DUNS: <b>62-761-7152</b> Address (give city, county, state, and zip code): <b>444 North Citrus Avenue</b> <b>Covina, CA 91723</b>																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>956000699</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: <b>Mark Corder</b> Phone: <b>(626) 858-4404</b>																				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: <b>Department of Justice</b> <b>Office of Community Oriented Policing Services</b>			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 6 . 7 1 0</div> TITLE: <b>2005 Technology Initiative</b>																				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Communications console upgrade and portable radio acquisition</b>		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>City of Covina</b>			13. PROPOSED PROJECT: Start Date: <b>12/08/2004</b> Ending Date: <b>12/07/2005</b>																				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <b>32</b> b. Project: <b>32</b>		15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td><b>123330.00</b></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td><b>.00</b></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><b>.00</b></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td><b>.00</b></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td><b>.00</b></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td><b>.00</b></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td><b>123330 .00</b></td> </tr> </table>			a. Federal	\$	<b>123330.00</b>	b. Applicant	\$	<b>.00</b>	c. State	\$	<b>.00</b>	d. Local	\$	<b>.00</b>	e. Other	\$	<b>.00</b>	f. Program Income	\$	<b>.00</b>	g. TOTAL	\$	<b>123330 .00</b>
a. Federal	\$	<b>123330.00</b>																							
b. Applicant	\$	<b>.00</b>																							
c. State	\$	<b>.00</b>																							
d. Local	\$	<b>.00</b>																							
e. Other	\$	<b>.00</b>																							
f. Program Income	\$	<b>.00</b>																							
g. TOTAL	\$	<b>123330 .00</b>																							
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <b>5/18/05</b> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																									
a. Typed Name of Authorized Representative <b>Kim Raney</b>		b. Title <b>Chief of Police</b>		c. Telephone number <b>(626) 858-4400</b>																					
d. Signature of Authorized Representative 		e. Date Signed <b>5-17-05</b>																							

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <b>5-9-05</b>		Applicant Identifier <b>4-08</b>	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>Goleta Valley Ken Knight</b>			Organizational Unit:		
Organizational DUNS: <b>361350835 Goleta Valley Beautiful</b>			Department:		
Address: <b>PO Box 6756</b>			Division:		
City: <b>Goleta</b>			Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: <b>Santa Barbara</b>			Prefix: <b>Mr.</b> First Name: <b>Kenneth</b>		
State: <b>CA</b> Zip Code: <b>93160</b>			Middle Name: <b>Allan</b>		
Country: <b>USA</b>			Last Name: <b>- Knight</b>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>23-7392774</b>			Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			Email: <b>KennethKnight@cox.net</b>		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Phone Number (give area code) <b>805 252-1952</b> Fax Number (give area code) <b>805 968-8523</b>		
Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <b>0. Nonprofit</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>10-664</b>			9. NAME OF FEDERAL AGENCY: <b>USDA Forest Service</b>		
TITLE (Name of Program): <b>Cooperative Forestry Assistance</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Methodology for using General Plans to classify trees as Capital Assets.</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>All cities, counties</b>			14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>CA-23rd</b> b. Project		
13. PROPOSED PROJECT: Start Date: <b>9/1/05</b> Ending Date: <b>12/31/06</b>			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>5/18/05</b>		
15. ESTIMATED FUNDING:			b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal \$ <b>2,000</b>			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
b. Applicant \$ <b>25,000</b>					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ <b>46,000</b>					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix <b>Mr.</b>		First Name <b>Kenneth</b>		Middle Name <b>Allan</b>	
Last Name <b>Knight</b>		Suffix		c. Telephone Number (give area code) <b>805 252-1952</b>	
b. Title <b>Executive Director</b>		e. Date Signed <b>5-9-05</b>			
d. Signature of Authorized Representative <b>Kenneth Allan Knight</b>					

Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier R-9 Tracking # 05-302
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Central Valley Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Patrick Morris (916) 464-4780	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Inter municipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913		9. Name of Federal Agency: U. S. Environmental Protection Agency	
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		11. Descriptive Title of Applicant's Project:  The project will develop a peer-reviewed Basin Plan amendment staff report for the control of mercury and methylmercury in the Sacramento-San Joaquin Delta Estuary (Delta), which is the largest estuary on the West Coast of North America.	
10. Catalog of Federal Domestic Assistance Number 66.463 Title: Water Quality Cooperative Agreements		14. Congressional District of: Applicant: 3 Project: California - All	
12. Area Affected by Project: (cities, counties, states, etc.) Sacramento-San Joaquin River Delta, California		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: _____ Date: May 17, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2006		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
15. ESTIMATED FUNDING: a. Federal \$141,850 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$141,850		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 11, 2005	Applicant Identifier R-9 #05-215	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Rialto		Organizational Unit:		
Organizational DUNS: 083583849		Department: Public Works		
Address: 335		Division: Utilities		
Street: West Rialto Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Rialto		Prefix: Mr.	First Name: Peter	
County: San Bernardino County		Middle Name: Jon		
State: CA		Last Name: Fox		
Zip Code: 92376		Suffix: N/A		
Country: United States of America		Email: pfox@rialtoca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000768		Phone Number (give area code) (909) 421-7244		Fax Number (give area code) (909) 421-7210
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/>    <input type="checkbox"/> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  C. Municipal Applicant  Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66 - 606 TITLE (Name of Program): Consolidated Appropriations Act of 2005		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Rialto		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Water Infrastructure Improvements – Water Main Replacement.		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: July 2005	Ending Date: August 2006	a. Applicant 42 <sup>nd</sup> – Joe Baca, U.S. Congressman    b. Project 42 <sup>nd</sup> – Joe Baca, U.S. Congressman		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$144,300.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$190,700.00	DATE: 5-11-2005		
c. State	\$0	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$335,500.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Mr.	First Name Henry	Middle Name T.		
Last Name Garcia	Suffix N/A		c. Telephone Number (give area code) (909) 820-2689	
b. Title City Administrator	e. Date Signed May 11, 2005		d. Signature of Authorized Representative	

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5/16/2005	Applicant Identifier 05-229
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY 05/16/2005	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Castaic Lake Water Agency		Organizational Unit: Department:	
Organizational DUNS: 619011877		Division:	
Address: Street: 27234 Bouquet Canyon Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Santa Clarita		Prefix:	First Name: Dan
County: Los Angeles		Middle Name	
State: CA		Last Name Masnada	
Zip Code 91350		Suffix:	
Country: USA		Email: dmasnada@clwa.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2476586		Phone Number (give area code) (661) 297-1600	Fax Number (give area code) (661) 297-1611
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program): Surveys, Studies, Investigations, & Special Purposes Grant		9. NAME OF FEDERAL AGENCY: Reneo Chan	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Santa Clarita Valley		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Infrastructure Improvements for the Extension of the Recycled Water System	
13. PROPOSED PROJECT Start Date: Oct 2005 Ending Date: Oct 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25th b. Project 25th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 240,600.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/16/2005	
b. Applicant	\$ 196,855.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 437,455.00	a. Authorized Representative Prefix First Name Dan Middle Name Suffix	
b. Title General Manager		c. Telephone Number (give area code) (661) 297-1600	
d. Signature of Authorized Representative		e. Date Signed 5/17/05	



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> May 15, 2005	<b>Applicant Identifier</b> R9 Tracking #05-225	
<input checked="" type="checkbox"/> <b>Construction</b>	<input type="checkbox"/> <b>Pre-application</b>	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> <b>Non-Construction</b>	<input type="checkbox"/> <b>Non-Construction</b>	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name: City of Laguna Beach		<b>Organizational Unit:</b> Department: Water Quality Department		
Organizational DUNS: 089135552		Division: Same		
Address: Street: 505 Forest Avenue		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
City: Laguna Beach		Prefix: Mr.	First Name: David	
County: Orange		Middle Name William		
State: CA		Last Name Shissler		
Zip Code 92651		Suffix:		
Country: United States of America		Email: dshissler@lagunabeachcity.net		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000729		Phone Number (give area code) (949) 497-0328		Fax Number (give area code) (949) 494-1864
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C - Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 66-606		<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency (EPA) - Elizabeth Goldmann		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Laguna Beach California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Shaw's Cove Lift Station Rehabilitation and Sewer Line Rehabilitation		
<b>13. PROPOSED PROJECT</b> Start Date: July 2005 Ending Date: December 2006		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 47th Congressional District b. Project 47th Congressional District		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 866,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 2004		
b. Applicant	\$ 709,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 1,575,000.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Mr.	First Name Kenneth	Middle Name		
Last Name Frank	Suffix			
b. Title City Manager	c. Telephone Number (give area code) (949) 497-0704			
d. Signature of Authorized Representative <i>Kenneth Frank</i>	e. Date Signed 5/19/05			

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> 5/12/05	<b>Applicant Identifier</b>	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> R-9 Tracking # 05-264	
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> Lake Arrowhead Community Services District		<b>Organizational Unit:</b> Department: Engineering		
<b>Organizational DUNS:</b> 050055458		<b>Division:</b> Engineering		
<b>Address:</b> Street: P.O. Box 700 28200 State Highway 189, Suite 03-180 City: Lake Arrowhead County: San Bernardino		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Ryan Middle Name: Last Name: Gross		
<b>State:</b> CA		<b>Zip Code:</b> 92352		
<b>Country:</b> USA		<b>Email:</b> rgross@lakearrowheadcsd.com		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-3271920		<b>Phone Number (give area code)</b> (909) 336-7137		<b>Fax Number (give area code)</b> (909) 336-5875
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Special District Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Consolidated Appropriations Act of 2005		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Environmental Agency		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Lake Arrowhead, San Bernardino County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Recycled Water System Project Phase I		
<b>13. PROPOSED PROJECT</b> Start Date: 7/1/05 Ending Date: 5/1/06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 41st District b. Project 41st District		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 192,400.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/12/05		
b. Applicant	\$ 157,418.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 349,818.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
Prefix Mr. First Name Marvin		Middle Name S.		
Last Name Shaw		Suffix		
b. Title General Manager		c. Telephone Number (give area code) (909) 336-7100		
d. Signature of Authorized Representative		e. Date Signed 5/16/05		

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# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 13, 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

## 5. APPLICANT INFORMATION

Legal Name: Desert Alliance for Community Empowerment, Inc		Organizational Unit: Department: Project Management	
Organizational DUNS: 108363370		Division:	
Address: Street: 53390 Enterprise Way, Suite 1		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms.	
City: Coachella		First Name: Cynthia	
County: Riverside		Middle Name: Joy	
State: California		Last Name: Clipper	
Zip Code: 92236		Suffix:	
Country: United States of America		Email: cynthia@dcez.org	

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

33-0857187

Phone Number (give area code)  
760-391-5050 ext 230

Fax Number (give area code)  
760-391-5100

## 8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

## 7. TYPE OF APPLICANT: (See back of form for Application Types)

Non-Profit 501 (c) (3)

Other (specify)

## 9. NAME OF FEDERAL AGENCY:

US Department of Agriculture

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-433

TITLE (Name of Program):  
USDA Housing Preservation Grant

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Provide access to housing rehabilitation services for the purposes of replacement or preservation of housing units for low-income individuals living in Eastern Riverside County.

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Blythe, Coachella, Unincorporated area of Eastern Riverside County

## 13. PROPOSED PROJECT

Start Date:  
July 2005

Ending Date:  
June 2006

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
44th Congressional District

b. Project  
44th Congressional District

## 15. ESTIMATED FUNDING:

a. Federal	\$	100,000.00
b. Applicant	\$	30,000.00
c. State	\$	0.00
d. Local City of Coachella	\$	50,000.00
e. Other City of Blythe	\$	20,000.00
f. Program Income	\$	0.00
g. TOTAL	\$	200,000.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: May 3, 2005

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

Prefix Mr.	First Name Jeffrey	Middle Name A.
Last Name Hays	Suffix	
b. Title Executive Director	c. Telephone Number (give area code) 760-391-5050 ext 222	
d. Signature of Authorized Representative	e. Date Signed May 13, 2005	

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Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> Ma 9, 2005		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b>																										
Legal Name: The House of Agape Ministries, Inc.		Organizational Unit: Department:																								
Organizational DUNS: NIB		Division:																								
Address: Street: 319 F Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William																								
City: Needles		Middle Name (nmi)																								
County: San Bernardino		Last Name Jones																								
State: California	Zip Code 92363	Suffix:																								
Country:		Email: none - contact is City of needles @e-mail: "ndiscityproject@cittlink.net"																								
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 20-0334378		Phone Number (give area code) (760) 326-5999		Fax Number (give area code) (760) 326-6765																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="radio"/> Other (specify)																								
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-766		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Agriculture, Rural Development																								
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Needles, CA, unincorporated San Bernardino County, CA		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> To acquire small tools/implements/trailer, and equipment to expand Agape's operations in landscaping, lot/ house cleanup, and in assisting the City of Needles in its recycling and blight abatement programs. Agape Ministries supports its charitable mission (men's shelter, food bank, center for behavior modification) with these operations.																								
<b>13. PROPOSED PROJECT</b> Start Date: 9/1/05    Ending Date: 6/30/06		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 34, 18    b. Project 34, 18																								
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>13,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>4,500.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>18,000.00</td> </tr> </table>		a. Federal	\$	13,500.00	b. Applicant	\$	4,500.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	18,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 9, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	13,500.00																								
b. Applicant	\$	4,500.00																								
c. State	\$	.00																								
d. Local	\$	.00																								
e. Other	\$	.00																								
f. Program Income	\$	.00																								
g. TOTAL	\$	18,000.00																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																								
<b>a. Authorized Representative</b>																										
Prefix Mr.		First Name William		Middle Name (nmi)																						
Last Name Jones				Suffix																						
b. Title Executive Director				c. Telephone Number (give area code) (760) 326-5999																						
d. Signature of Authorized Representative				e. Date Signed 05-09-05																						

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Golden Gate National Parks Conservancy		Organizational Unit: Department:			
Organizational DUNS: 555500453		Division:			
Address: Street: Fort Mason, Building 201, 3rd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: San Francisco		Prefix: Mr.		First Name: John	
County: San Francisco		Middle Name			
State: CA		Last Name Ormsby			
Zip Code: 94123		Suffix:			
Country: USA		Email: jormsby@parksconservancy.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2781708		Phone Number (give area code) (415) 561-3036		Fax Number (give area code) (415) 561-3003	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency			
TITLE (Name of Program): Clean Water (sewerage)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Trail Corridor Habitat and Conservation Enhancement Project			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coastal subwatersheds in San Mateo, San Francisco and Marin Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
13. PROPOSED PROJECT Start Date: October 2005 Ending Date: October 2008		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: a. Federal \$ 298,200.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 298,200.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. Last Name Moore		First Name Greg Middle Name Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (415) 561-3000			
d. Signature of Authorized Representative Greg Moore		e. Date Signed 5.16.2005			

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier <b>R-9 #05-297</b>	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: <b>City of Santa Ana</b>		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS:		Organizational Unit:		Department: <b>Public Works Agency</b>	
Address: Street: <b>220 S. Daisy Avenue M-85</b>		Division: <b>Water Resources</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: <b>Steve</b>	
City: <b>Santa Ana</b>		Middle Name: <b>Ray</b>		Last Name: <b>Worrall</b>	
County: <b>Orange County</b>		Suffix:		Email: <b>SWorrall@ci.santa-ana.ca.us</b>	
State: <b>California</b> Zip Code: <b>92703</b>		Phone Number (give area code) <b>(714) 647-3319</b>		Fax Number (give area code) <b>(714) 647-3345</b>	
Country: <b>United States</b>		7. TYPE OF APPLICANT: (See back of form for Application Types) <b>C. - Municipal</b> Other (specify)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95-6000785</b>		9. NAME OF FEDERAL AGENCY: <b>U.S. Environmental Protection Agency</b>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>East and West Reservoir Upgrades</b>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>FY 05 EPA Appropriations Grant 66-606</b> TITLE (Name of Program):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>46 &amp; 47</b> b. Project <b>46 &amp; 47</b>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <b>City of Santa Ana</b>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>5/13/05</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
13. PROPOSED PROJECT Start Date: <b>February 2006</b> Ending Date: <b>December 2006</b>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
15. ESTIMATED FUNDING:		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Federal \$ <b>384,900</b>		a. Authorized Representative Prefix First Name <b>Thom</b> Middle Name			
b. Applicant \$ <b>314,918</b>		Last Name <b>Coughran</b> Suffix			
c. State \$		b. Title <b>Water Resources Manager</b> c. Telephone Number (give area code) <b>(714) 647-3318</b>			
d. Local \$		c. Date Signed <b>5/14/05</b>			
e. Other \$		d. Signature of Authorized Representative			
f. Program Income \$		Previous Edition Usable Authorized for Local Reproduction			
g. TOTAL \$ <b>699,818</b>		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102			

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier n/a
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier n/a
<input type="checkbox"/> Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier n/a
<input checked="" type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: San Mateo County Sheriff's Office		Department: Sheriff's Office	
Organizational DUNS: 16-006-4085		Division: Tech Services - Dennie Ryan	
Address: Street: 400 County Center, 3rd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Redwood City, CA 94063		Prefix: Ms.	First Name: Michelle
County: County of San Mateo		Middle Name M.	
State: CA		Last Name Mojas	
Zip Code 94063	Suffix:		
Country: United State		Email: mmojas@co.sanmateo.ca.us or dryan@co.sanmateo.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000532		Phone Number (give area code) (650) 363-1974 and (650) 599-1749	Fax Number (give area code) 650-599-7497 and 599-1327
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710		9. NAME OF FEDERAL AGENCY: Department of Justice - Office of Community Oriented Policing Services	
TITLE (Name of Program): 2005 Technology Initiative		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 COPS TECHNOLOGY GRANT APPROPRIATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of San Mateo		14. CONGRESSIONAL DISTRICTS OF: a. Applicant County of San Mate Sheriff's Office b. Project 2005 COPS Technology Grant	
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 493,322		
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 493,322		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Last Name HORSLEY		Middle Name Suffix	
b. Title SHERIFF		c. Telephone Number (give area code) (650) 599-1664 AND (650) 363-4123	
d. Signature of Authorized Representative <i>Don Horsley</i>		e. Date Signed April 20, 2005	

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Prescribed by OMB Circular A-102Date: 5/16/05  
Fax: (916) 303-3018  
ATTN: SPOC

3 Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68-0281986		4. Date Rec'd by Federal	Federal Identifier X 97915401
6. D U N S Number: 808321913		Organizational Unit: Lahontan Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Chuck Curtis (530)542-5460	
8. Type of Application: New _____ <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): A _____ C _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) Lake Tahoe, California		11. Descriptive Title of Applicant's Project:  To develop the Lake Tahoe Sediment and Nutrient Total Maximum Daily Load (TMDL) Report.	
13. Proposed Project: Start Date 7/1/2002 End Date 6/30/2006		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$121,697 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$121,697		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 16, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	



APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name: Leavitt Lake Community Services District				Organizational Unit: Department:																						
Organizational DUNS:				Division:																						
Address: Street: 471-830 Buffum Lane City: Susanville County: Lassen State: California Zip Code: 96130				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Catherine Middle Name: M. Last Name: Seabourn Suffix:																						
Country:				Email: leavittcsd@citlink.net																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2831599				Phone Number (give area code): 530 257-7977 Fax Number (give area code): 530 257-7984																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):				<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Other (specify) Special District																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-763				<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Construction of a deep well, pump and Related Improvements																						
TITLE (Name of Program): Emergency Community Water Assistance Grant				<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																						
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Leavitt Lake Sub-division, Susanville CA. Lassen				<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 4-John Doolittle b. Project: same																						
<b>13. PROPOSED PROJECT</b> Start Date: ASAP Ending Date: 90 Days				<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-16-05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>255,250<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0<sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0<sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>255,250</td> </tr> </table>				a. Federal	\$	255,250 <sup>00</sup>	b. Applicant	\$	0 <sup>00</sup>	c. State	\$	0 <sup>00</sup>	d. Local	\$	0 <sup>00</sup>	e. Other	\$	0 <sup>00</sup>	f. Program Income	\$	0 <sup>00</sup>	g. TOTAL	\$	255,250	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	255,250 <sup>00</sup>																								
b. Applicant	\$	0 <sup>00</sup>																								
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g. TOTAL	\$	255,250																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																										
<b>a. Authorized Representative</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix</td> <td>First Name: Catherine</td> <td>Middle Name: M.</td> </tr> <tr> <td>Last Name: Seabourn</td> <td colspan="2">Suffix:</td> </tr> <tr> <td>b. Title: Secretary</td> <td colspan="2">c. Telephone Number (give area code): 530 257-7977</td> </tr> <tr> <td>d. Signature of Authorized Representative: Catherine M. Seabourn</td> <td colspan="2">e. Date Signed: 5/16/05</td> </tr> </table>						Prefix	First Name: Catherine	Middle Name: M.	Last Name: Seabourn	Suffix:		b. Title: Secretary	c. Telephone Number (give area code): 530 257-7977		d. Signature of Authorized Representative: Catherine M. Seabourn	e. Date Signed: 5/16/05										
Prefix	First Name: Catherine	Middle Name: M.																								
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